

**Fill in this information to identify your case:**

United States Bankruptcy Court for the:

EASTERN DISTRICT OF NEW YORK

Case number *(if known)*

Chapter

7☐ Check if this an amended filing

## Official Form 201

**Voluntary Petition for Non-Individuals Filing for Bankruptcy**

4/19

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Apollo H.V.A.C. Corporation

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and *doing business as* names

FDBA Apollo Air Conditioning3. Debtor's federal Employer Identification Number (EIN) 11-3116530

4. Debtor's address

Principal place of business

Mailing address, if different from principal place of business

225 N. Fehr Way  
Bay Shore, NY 11706

Number, Street, City, State &amp; ZIP Code

  
P.O. Box, Number, Street, City, State & ZIP CodeSuffolk

County

Location of principal assets, if different from principal place of business

  
Number, Street, City, State & ZIP Code5. Debtor's website (URL) 

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))☐ Partnership (excluding LLP)☐ Other. Specify:

Debtor **Apollo H.V.A.C. Corporation**  
Name

Case number (if known)

**7. Describe debtor's business**

A. Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.  
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

3334**8. Under which chapter of the Bankruptcy Code is the debtor filing?**

Check one:

- ☒ Chapter 7
- ☐ Chapter 9
- ☐ Chapter 11. Check all that apply:
- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,725,625 (amount subject to adjustment on 4/01/22 and every 3 years after that).
- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.
- ☐ Chapter 12

**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**☒ No.☐ Yes.

If more than 2 cases, attach a separate list.

|          |       |      |       |             |       |
|----------|-------|------|-------|-------------|-------|
| District | _____ | When | _____ | Case number | _____ |
| District | _____ | When | _____ | Case number | _____ |

**10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?**☒ No☐ Yes.

List all cases. If more than 1, attach a separate list

|          |       |                       |       |
|----------|-------|-----------------------|-------|
| Debtor   | _____ | Relationship          | _____ |
| District | _____ | When                  | _____ |
|          |       | Case number, if known | _____ |

Debtor **Apollo H.V.A.C. Corporation**  
Name

Case number (if known)

**11. Why is the case filed in this district?***Check all that apply:*

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

**12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?**☒ No☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.**Why does the property need immediate attention?** (*Check all that apply.*)☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? \_\_\_\_\_

☐ It needs to be physically secured or protected from the weather.☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).☐ Other \_\_\_\_\_**Where is the property?** \_\_\_\_\_

Number, Street, City, State &amp; ZIP Code

**Is the property insured?**☐ No☐ Yes. Insurance agency \_\_\_\_\_

Contact name \_\_\_\_\_

Phone \_\_\_\_\_

**Statistical and administrative information****13. Debtor's estimation of available funds***Check one:*

- ☐ Funds will be available for distribution to unsecured creditors.
- ☒ After any administrative expenses are paid, no funds will be available to unsecured creditors.

**14. Estimated number of creditors**☐ 1-49☐ 50-99☐ 100-199☒ 200-999☐ 1,000-5,000☐ 5001-10,000☐ 10,001-25,000☐ 25,001-50,000☐ 50,001-100,000☐ More than 100,000**15. Estimated Assets**☐ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☐ \$500,001 - \$1 million☒ \$1,000,001 - \$10 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion**16. Estimated liabilities**☐ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☐ \$500,001 - \$1 million☐ \$1,000,001 - \$10 million☒ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion

Debtor **Apollo H.V.A.C. Corporation**  
Name

Case number (if known)

**Request for Relief, Declaration, and Signatures****WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**17. Declaration and signature  
of authorized  
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **October 10, 2019**  
MM / DD / YYYY**X /s/ Rudy Holesek**

Signature of authorized representative of debtor

**Rudy Holesek**

Printed name

Title **President****18. Signature of attorney****X /s/ Michael J. Macco**

Signature of attorney for debtor

Date **October 10, 2019**

MM / DD / YYYY

**Michael J. Macco**

Printed name

**Macco Law Group, LLP**

Firm name

**2950 Express Drive South  
Suite 109  
Islandia, NY 11749**

Number, Street, City, State &amp; ZIP Code

Contact phone **631-549-7900**

Email address

**11-3138014 NY**

Bar number and State

**Fill in this information to identify the case:**Debtor name **Apollo H.V.A.C. Corporation**United States Bankruptcy Court for the: EASTERN DISTRICT OF NEW YORK

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 202****Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule \_\_\_\_\_
- ☐ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- ☒ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **October 10, 2019****X /s/ Rudy Holesek**

Signature of individual signing on behalf of debtor

**Rudy Holesek**

Printed name

**President**

Position or relationship to debtor

**Fill in this information to identify the case:**Debtor name **Apollo H.V.A.C. Corporation**United States Bankruptcy Court for the: **EASTERN DISTRICT OF NEW YORK**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 206Sum****Summary of Assets and Liabilities for Non-Individuals****12/15****Part 1: Summary of Assets****1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

|  |                        |
|--|------------------------|
| <b>1a. Real property:</b>                    |                        |
| Copy line 88 from <i>Schedule A/B</i> .....  | \$ <b>0.00</b>         |
| <b>1b. Total personal property:</b>          |                        |
| Copy line 91A from <i>Schedule A/B</i> ..... | \$ <b>1,911,983.32</b> |
| <b>1c. Total of all property:</b>            |                        |
| Copy line 92 from <i>Schedule A/B</i> .....  | \$ <b>1,911,983.32</b> |

**Part 2: Summary of Liabilities**

|  |                         |
|--|-------------------------|
| <b>2. Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 206D)                         |                         |
| Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i> ..... | \$ <b>502,438.28</b>    |
| <b>3. Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 206E/F)                               |                         |
| <b>3a. Total claim amounts of priority unsecured claims:</b>   |                         |
| Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i> .....                                      | \$ <b>308,509.58</b>    |
| <b>3b. Total amount of claims of nonpriority amount of unsecured claims:</b>                                     |                         |
| Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i> .....                     | +\$ <b>9,589,115.03</b> |
| <b>4. Total liabilities</b> .....  |                         |
| Lines 2 + 3a + 3b  | \$ <b>10,400,062.89</b> |

**Fill in this information to identify the case:**Debtor name Apollo H.V.A.C. CorporationUnited States Bankruptcy Court for the: EASTERN DISTRICT OF NEW YORK

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents****1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.  
☒ Yes Fill in the information below.

**All cash or cash equivalents owned or controlled by the debtor****Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

|      |                 |                 |             |                    |
|------|-----------------|-----------------|-------------|--------------------|
| 3.1. | <u>BNB Bank</u> | <u>checking</u> | <u>2552</u> | <u>\$41,820.84</u> |
|------|-----------------|-----------------|-------------|--------------------|

|      |                             |                             |             |               |
|------|-----------------------------|-----------------------------|-------------|---------------|
| 3.2. | <u>Empire National Bank</u> | <u>checking (operating)</u> | <u>4015</u> | <u>\$0.00</u> |
|------|-----------------------------|-----------------------------|-------------|---------------|

|      |                             |                           |             |               |
|------|-----------------------------|---------------------------|-------------|---------------|
| 3.3. | <u>Empire National Bank</u> | <u>checking (payroll)</u> | <u>4024</u> | <u>\$0.00</u> |
|------|-----------------------------|---------------------------|-------------|---------------|

**4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

**\$41,820.84****Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.  
☐ Yes Fill in the information below.

**Part 3: Accounts receivable****10. Does the debtor have any accounts receivable?**

Debtor **Apollo H.V.A.C. Corporation**  
Name

Case number (If known) \_\_\_\_\_

- ☐ No. Go to Part 4.
- ☒ Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less: 5,712,662.48 - 4,000,000.00 = .... \$1,712,662.48  
face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$1,712,662.48**Part 4: Investments**13. **Does the debtor own any investments?**

- ☒ No. Go to Part 5.
- ☐ Yes Fill in the information below.

**Part 5: Inventory, excluding agriculture assets**18. **Does the debtor own any inventory (excluding agriculture assets)?**

- ☐ No. Go to Part 6.
- ☒ Yes Fill in the information below.

|     | General description   | Date of the last physical inventory | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|-----|---|-------------------------------------|---|---|------------------------------------|
| 19. | <b>Raw materials</b><br><b>Inventory on hand</b>                                  |                                     | <b>\$0.00</b>   | <b>at cost</b>                          | <b>\$100,000.00</b>                |
| 20. | <b>Work in progress</b>   |                                     |   |   |                                    |
| 21. | <b>Finished goods, including goods held for resale</b>                            |                                     |   |   |                                    |
| 22. | <b>Other inventory or supplies</b><br><b>Tools, Gang Boxes,</b><br><b>Ladders</b> |                                     | <b>\$0.00</b>   |   | <b>\$25,000.00</b>                 |
|     | <b>misc. office equipment</b>   |                                     | <b>\$0.00</b>   |   | <b>\$2,500.00</b>                  |

23. **Total of Part 5.**

Add lines 19 through 22. Copy the total to line 84.

\$127,500.0024. **Is any of the property listed in Part 5 perishable?**

- ☒ No
- ☐ Yes

25. **Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

- ☒ No
- ☐ Yes. Book value \_\_\_\_\_ Valuation method \_\_\_\_\_ Current Value \_\_\_\_\_

26. **Has any of the property listed in Part 5 been appraised by a professional within the last year?**

- ☒ No
- ☐ Yes



Debtor **Apollo H.V.A.C. Corporation**  
Name

Case number (If known) \_\_\_\_\_

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.  
☐ Yes Fill in the information below.

**Part 7: Office furniture, fixtures, and equipment; and collectibles**

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.  
☒ Yes Fill in the information below.

|     | General description   | Net book value of debtor's interest<br>(Where available) | Valuation method used for current value | Current value of debtor's interest |
|-----|---|--|---|------------------------------------|
| 39. | Office furniture  |  |   |                                    |
| 40. | Office fixtures   |  |   |                                    |
| 41. | Office equipment, including all computer equipment and communication systems equipment and software<br>Copiers - subject to lease | \$0.00   |   | \$0.00                             |
|     | Plotwave - subject to lease   | \$0.00   |   | \$0.00                             |

42. **Collectibles** *Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

**\$0.00**

44. Is a depreciation schedule available for any of the property listed in Part 7?

- ☒ No  
☐ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- ☒ No  
☐ Yes

**Part 8: Machinery, equipment, and vehicles**

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☐ No. Go to Part 9.  
☒ Yes Fill in the information below.

|       | General description<br>Include year, make, model, and identification numbers<br>(i.e., VIN, HIN, or N-number) | Net book value of debtor's interest<br>(Where available) | Valuation method used for current value | Current value of debtor's interest |
|-------|---|--|---|------------------------------------|
| 47.   | Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles                                    |  |   |                                    |
| 47.1. | 2016 Volvo XC90 - subject to lease -<br>SURRENDERED   | \$0.00   |   | \$0.00                             |
| 47.2. | 2017 Cadillac T5 - subject to lease -<br>SURRENDERED  | \$0.00   |   | \$0.00                             |

Debtor **Apollo H.V.A.C. Corporation**  
Name

Case number (If known) \_\_\_\_\_

|       |   |               |                    |
|-------|---|---------------|--------------------|
| 47.3. | <b>2017 GMC Acadia - subject to lease -<br/>SURRENDERED</b>   | <b>\$0.00</b> | <b>\$0.00</b>      |
| 47.4. | <b>2018 Lincoln MKC - subject to lease -<br/>SURRENDERED</b>  | <b>\$0.00</b> | <b>\$0.00</b>      |
| 47.5. | <b>2019 Cadillac Escalade - subject to<br/>lease - SURRENDERED</b>  | <b>\$0.00</b> | <b>\$0.00</b>      |
| 47.6. | <b>2014 GMC Savana - subject to lease -<br/>SURRENDERED</b>   | <b>\$0.00</b> | <b>\$0.00</b>      |
| 47.7. | <b>2014 GMC Savana - subject to lease -<br/>SURRENDERED</b>   | <b>\$0.00</b> | <b>\$0.00</b>      |
| 47.8. | <b>2016 GMC Canyon - subject to lease -<br/>SURRENDERED</b>   | <b>\$0.00</b> | <b>\$0.00</b>      |
| 47.9. | <b>Car Lift, Tire Changer, Tire balance<br/>machine, engine stand, parts washer,<br/>transmission jack, brack lathe, misc.<br/>tools of the trade - SURRENDERED</b> | <b>\$0.00</b> | <b>\$10,000.00</b> |
| 47.10 | <b>approximately 12 vehicles</b>  | <b>\$0.00</b> | <b>\$20,000.00</b> |

48. **Watercraft, trailers, motors, and related accessories** *Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels*49. **Aircraft and accessories**50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

**\$30,000.00**52. **Is a depreciation schedule available for any of the property listed in Part 8?**☒ No☐ Yes53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**☒ No☐ Yes**Part 9: Real property**54. **Does the debtor own or lease any real property?**☒ No. Go to Part 10.☐ Yes Fill in the information below.

Debtor **Apollo H.V.A.C. Corporation**  
Name

Case number (If known) \_\_\_\_\_

**Part 10: Intangibles and intellectual property**

59. Does the debtor have any interests in intangibles or intellectual property?

- ☒ No. Go to Part 11.  
☐ Yes Fill in the information below.

**Part 11: All other assets**

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☒ No. Go to Part 12.  
☐ Yes Fill in the information below.

Debtor **Apollo H.V.A.C. Corporation**  
Name

Case number (If known) \_\_\_\_\_

**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

| Type of property  | Current value of personal property | Current value of real property |
|---|------------------------------------|--------------------------------|
| 80. <b>Cash, cash equivalents, and financial assets.</b><br><i>Copy line 5, Part 1</i>                  | <u><b>\$41,820.84</b></u>          |                                |
| 81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>  | <u><b>\$0.00</b></u>               |                                |
| 82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>  | <u><b>\$1,712,662.48</b></u>       |                                |
| 83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>  | <u><b>\$0.00</b></u>               |                                |
| 84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>  | <u><b>\$127,500.00</b></u>         |                                |
| 85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>                             | <u><b>\$0.00</b></u>               |                                |
| 86. <b>Office furniture, fixtures, and equipment; and collectibles.</b><br><i>Copy line 43, Part 7.</i> | <u><b>\$0.00</b></u>               |                                |
| 87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>                             | <u><b>\$30,000.00</b></u>          |                                |
| 88. <b>Real property.</b> <i>Copy line 56, Part 9.....&gt;</i>  |                                    | <u><b>\$0.00</b></u>           |
| 89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>                         | <u><b>\$0.00</b></u>               |                                |
| 90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>  | <u><b>\$0.00</b></u>               |                                |
| 91. <b>Total.</b> Add lines 80 through 90 for each column   | <u><b>\$1,911,983.32</b></u>       | + 91b. <u><b>\$0.00</b></u>    |
| 92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92                                  |                                    | <u><b>\$1,911,983.32</b></u>   |

**Fill in this information to identify the case:**Debtor name **Apollo H.V.A.C. Corporation**United States Bankruptcy Court for the: **EASTERN DISTRICT OF NEW YORK**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15**

Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims**

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

|            |   | Column A   | Column B                                     |
|------------|---|--|--|
|            |   | Amount of claim  | Value of collateral that supports this claim |
|            |   | Do not deduct the value of collateral.   |  |
| <b>2.1</b> | <b>Empire National Bank</b>   | <b>\$502,438.28</b>  | <b>\$0.00</b>                                |
|            | Creditor's Name<br><b>1707 Veterans Highway<br/>Suite 8<br/>Islandia, NY 11749</b>  | Describe debtor's property that is subject to a lien<br><b>Misc. equipment; chattel paper; computer equipment; general intangibles; fixtures; timber, etc.</b>                             |  |
|            | Creditor's mailing address  | Describe the lien<br><b>Loan</b>   |  |
|            | Creditor's email address, if known  | Is the creditor an insider or related party?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |  |
|            | Date debt was incurred  | Is anyone else liable on this claim?<br><input type="checkbox"/> No<br><input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)                 |  |
|            | Last 4 digits of account number   | As of the petition filing date, the claim is:<br>Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed |  |
|            | Do multiple creditors have an interest in the same property?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority. |  |  |

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

**\$502,438.28****Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

**Fill in this information to identify the case:**Debtor name **Apollo H.V.A.C. Corporation**United States Bankruptcy Court for the: **EASTERN DISTRICT OF NEW YORK**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with **PRIORITY** unsecured claims and Part 2 for creditors with **NONPRIORITY** unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims****1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).☐ No. Go to Part 2.☒ Yes. Go to line 2.**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

|            |   |  | <b>Total claim</b> | <b>Priority amount</b> |
|------------|---|--|--------------------|------------------------|
| <b>2.1</b> | Priority creditor's name and mailing address<br><b>Andrew M. DeStefano</b><br><b>270 Shore Road, Apt. 29</b><br><b>Long Beach, NY 11561</b>                           | As of the petition filing date, the claim is:<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | <b>\$5,620.60</b>  | <b>\$0.00</b>          |
|            | Date or dates debt was incurred<br><br>Last 4 digits of account number<br>Specify Code subsection of <b>PRIORITY</b> unsecured claim: 11 U.S.C. § 507(a) ( <u>4</u> ) | Basis for the claim:<br><b>wages &amp; benefits</b><br><br>Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes                               |                    |                        |
| <b>2.2</b> | Priority creditor's name and mailing address<br><b>Angela Ross</b><br><b>106 Forest Avenue</b><br><b>West Babylon, NY 11704</b>                                       | As of the petition filing date, the claim is:<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | <b>\$261.68</b>    | <b>\$261.68</b>        |
|            | Date or dates debt was incurred<br><br>Last 4 digits of account number<br>Specify Code subsection of <b>PRIORITY</b> unsecured claim: 11 U.S.C. § 507(a) ( <u>4</u> ) | Basis for the claim:<br><b>wages &amp; benefits</b><br><br>Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes                               |                    |                        |

|        |  |  |                                     |
|--------|--|--|-------------------------------------|
| Debtor | <b>Apollo H.V.A.C. Corporation</b><br><small>Name</small>  | Case number (if known)   |                                     |
| 2.3    | Priority creditor's name and mailing address<br><b>Brian K. Tolley</b><br><b>856 Birchwood</b><br><b>Medford, NY 11763</b>           | As of the petition filing date, the claim is:<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | <b>\$4,216.00</b> <b>\$4,216.00</b> |
|        | Date or dates debt was incurred  | Basis for the claim:<br><b>wages &amp; benefits</b>  |                                     |
|        | Last 4 digits of account number  | Is the claim subject to offset?  |                                     |
|        | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)  | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |                                     |
| 2.4    | Priority creditor's name and mailing address<br><b>Bryan Flores</b><br><b>50 Carver Blvd.</b><br><b>Bellport, NY 11713</b>           | As of the petition filing date, the claim is:<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | <b>\$200.00</b> <b>\$200.00</b>     |
|        | Date or dates debt was incurred  | Basis for the claim:<br><b>wages &amp; benefits</b>  |                                     |
|        | Last 4 digits of account number  | Is the claim subject to offset?  |                                     |
|        | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)  | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |                                     |
| 2.5    | Priority creditor's name and mailing address<br><b>Cathryn Byrnes</b><br><b>1528 Pine Avenue</b><br><b>Bohemia, NY 11716</b>         | As of the petition filing date, the claim is:<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | <b>\$1,008.00</b> <b>\$1,008.00</b> |
|        | Date or dates debt was incurred  | Basis for the claim:<br><b>wages &amp; benefits</b>  |                                     |
|        | Last 4 digits of account number  | Is the claim subject to offset?  |                                     |
|        | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)  | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |                                     |
| 2.6    | Priority creditor's name and mailing address<br><b>Christine Smith</b><br><b>106 Jefferson Street</b><br><b>East Islip, NY 11730</b> | As of the petition filing date, the claim is:<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | <b>\$4,320.00</b> <b>\$4,320.00</b> |
|        | Date or dates debt was incurred  | Basis for the claim:<br><b>wages &amp; benefits</b>  |                                     |
|        | Last 4 digits of account number  | Is the claim subject to offset?  |                                     |
|        | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)  | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |                                     |

|        |                                    |                        |  |  |
|--------|------------------------------------|------------------------|--|--|
| Debtor | <b>Apollo H.V.A.C. Corporation</b> | Case number (if known) |  |  |
| Name   |                                    |                        |  |  |

  

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|---|--|--|-------------------|-------------------|
| 2.7   | Priority creditor's name and mailing address<br><b>Christopher Brady</b><br><b>53 Briarcliff Road</b><br><b>Shoreham, NY 11786</b> | As of the petition filing date, the claim is:<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | <b>\$2,707.10</b> | <b>\$2,707.10</b> |
| Date or dates debt was incurred   |  | Basis for the claim:<br><b>wages &amp; benefits</b>  |                   |                   |
| Last 4 digits of account number   |  | Is the claim subject to offset?  |                   |                   |
| Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) |  | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |                   |                   |

  

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|---|--|--|-------------------|-------------------|
| 2.8   | Priority creditor's name and mailing address<br><b>Christopher Ceden</b><br><b>780 Hill Street</b><br><b>Southampton, NY 11968</b> | As of the petition filing date, the claim is:<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | <b>\$3,194.00</b> | <b>\$3,194.00</b> |
| Date or dates debt was incurred   |  | Basis for the claim:<br><b>wages &amp; benefits</b>  |                   |                   |
| Last 4 digits of account number   |  | Is the claim subject to offset?  |                   |                   |
| Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) |  | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |                   |                   |

  

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|---|--|--|-----------------|-----------------|
| 2.9   | Priority creditor's name and mailing address<br><b>Claudia Cheadle</b><br><b>17 Spinnaker Court</b><br><b>East Patchogue, NY 11772</b> | As of the petition filing date, the claim is:<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | <b>\$360.00</b> | <b>\$360.00</b> |
| Date or dates debt was incurred   |  | Basis for the claim:<br><b>wages &amp; benefits</b>  |                 |                 |
| Last 4 digits of account number   |  | Is the claim subject to offset?  |                 |                 |
| Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) |  | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |                 |                 |

  

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|---|--|--|-----------------|-----------------|
| 2.10  | Priority creditor's name and mailing address<br><b>Colleen Robitaille</b><br><b>19 Holiday Park Drive</b><br><b>Centereach, NY 11720</b> | As of the petition filing date, the claim is:<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | <b>\$552.00</b> | <b>\$552.00</b> |
| Date or dates debt was incurred   |  | Basis for the claim:<br><b>wages &amp; benefits</b>  |                 |                 |
| Last 4 digits of account number   |  | Is the claim subject to offset?  |                 |                 |
| Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) |  | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |                 |                 |



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| Debtor | <b>Apollo H.V.A.C. Corporation</b> | Case number (if known) |  |  |
| Name   |                                    |                        |  |  |

  

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| 2.11  | Priority creditor's name and mailing address<br><b>Corey A. Davis</b><br><b>1629 Barbara Lane</b><br><b>East Meadow, NY 11554</b> | As of the petition filing date, the claim is:<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | <b>\$8,968.96</b> | <b>\$8,968.96</b> |
| Date or dates debt was incurred   |   | Basis for the claim:<br><b>wages &amp; benefits</b>  |                   |                   |
| Last 4 digits of account number   |   | Is the claim subject to offset?  |                   |                   |
| Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) |   | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |                   |                   |

  

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|---|--|--|-------------------|-------------------|
| 2.12  | Priority creditor's name and mailing address<br><b>Craig A. Showe</b><br><b>18 Winside Lane</b><br><b>Holtsville, NY 11742</b> | As of the petition filing date, the claim is:<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | <b>\$3,178.50</b> | <b>\$3,178.50</b> |
| Date or dates debt was incurred   |  | Basis for the claim:<br><b>wages &amp; benefits</b>  |                   |                   |
| Last 4 digits of account number   |  | Is the claim subject to offset?  |                   |                   |
| Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) |  | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |                   |                   |

  

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|---|---|--|-------------------|-------------------|
| 2.13  | Priority creditor's name and mailing address<br><b>Dante M. Iafrate</b><br><b>35 Somerset Drive</b><br><b>Commack, NY 11725</b> | As of the petition filing date, the claim is:<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | <b>\$1,076.96</b> | <b>\$1,076.96</b> |
| Date or dates debt was incurred   |   | Basis for the claim:<br><b>wages &amp; benefits</b>  |                   |                   |
| Last 4 digits of account number   |   | Is the claim subject to offset?  |                   |                   |
| Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) |   | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |                   |                   |

  

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|---|---|--|-----------------|-----------------|
| 2.14  | Priority creditor's name and mailing address<br><b>Delifus Jones</b><br><b>15 Chester Street</b><br><b>Lake Grove, NY 11755</b> | As of the petition filing date, the claim is:<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | <b>\$809.28</b> | <b>\$809.28</b> |
| Date or dates debt was incurred   |   | Basis for the claim:<br><b>wages &amp; benefits</b>  |                 |                 |
| Last 4 digits of account number   |   | Is the claim subject to offset?  |                 |                 |
| Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) |   | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |                 |                 |

|        |                                    |                        |  |  |
|--------|------------------------------------|------------------------|--|--|
| Debtor | <b>Apollo H.V.A.C. Corporation</b> | Case number (if known) |  |  |
|        | Name                               |                        |  |  |

  

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|------|--|--|-----------------|-----------------|
| 2.15 | Priority creditor's name and mailing address<br><b>Devon Hannabass</b><br><b>225 Wilson Street</b><br><b>Massapequa Park, NY 11762</b> | As of the petition filing date, the claim is:<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | <b>\$428.80</b> | <b>\$428.80</b> |
|      | Date or dates debt was incurred  | Basis for the claim:<br><b>wages &amp; benefits</b>  |                 |                 |
|      | Last 4 digits of account number  | Is the claim subject to offset?  |                 |                 |
|      | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)  | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |                 |                 |

  

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|------|--|--|-------------------|-------------------|
| 2.16 | Priority creditor's name and mailing address<br><b>Edwin A. Flores-Chicas</b><br><b>34 Glenmore Avenue</b><br><b>Brentwood, NY 11717</b> | As of the petition filing date, the claim is:<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | <b>\$1,888.00</b> | <b>\$1,888.00</b> |
|      | Date or dates debt was incurred  | Basis for the claim:<br><b>wages &amp; benefits</b>  |                   |                   |
|      | Last 4 digits of account number  | Is the claim subject to offset?  |                   |                   |
|      | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)  | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |                   |                   |

  

|      |   |  |                   |               |
|------|---|--|-------------------|---------------|
| 2.17 | Priority creditor's name and mailing address<br><b>Edwin Alvarez</b><br><b>20 Randall Avenue</b><br><b>Apt. 21</b><br><b>Freeport, NY 11520</b> | As of the petition filing date, the claim is:<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | <b>\$3,175.60</b> | <b>\$0.00</b> |
|      | Date or dates debt was incurred   | Basis for the claim:<br><b>wages &amp; benefits</b>  |                   |               |
|      | Last 4 digits of account number   | Is the claim subject to offset?  |                   |               |
|      | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)   | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |                   |               |

  

|      |   |  |                   |                   |
|------|---|--|-------------------|-------------------|
| 2.18 | Priority creditor's name and mailing address<br><b>Elvin Fraser</b><br><b>212 Sullivan Place</b><br><b>Brooklyn, NY 11225</b> | As of the petition filing date, the claim is:<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | <b>\$7,087.92</b> | <b>\$7,087.92</b> |
|      | Date or dates debt was incurred   | Basis for the claim:<br><b>wages &amp; benefits</b>  |                   |                   |
|      | Last 4 digits of account number   | Is the claim subject to offset?  |                   |                   |
|      | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)   | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |                   |                   |

|        |                                    |  |                        |
|--------|------------------------------------|--|------------------------|
| Debtor | <b>Apollo H.V.A.C. Corporation</b> |  | Case number (if known) |
|        | Name                               |  |                        |

  

|      |   |  |                   |                   |
|------|---|--|-------------------|-------------------|
| 2.19 | Priority creditor's name and mailing address<br><b>Giovanni Flores</b><br><b>150 Suffolk Avenue</b><br><b>Brentwood, NY 11717</b> | As of the petition filing date, the claim is:<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | <b>\$1,156.68</b> | <b>\$1,156.68</b> |
|      | Date or dates debt was incurred   | Basis for the claim:<br><b>wages &amp; benefits</b>  |                   |                   |
|      | Last 4 digits of account number   | Is the claim subject to offset?  |                   |                   |
|      | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)   | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |                   |                   |

  

|      |  |  |                 |                 |
|------|--|--|-----------------|-----------------|
| 2.20 | Priority creditor's name and mailing address<br><b>Jake T. Feldman</b><br><b>11 Grove Street</b><br><b>Lindenhurst, NY 11757</b> | As of the petition filing date, the claim is:<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | <b>\$368.00</b> | <b>\$368.00</b> |
|      | Date or dates debt was incurred  | Basis for the claim:<br><b>wages &amp; benefits</b>  |                 |                 |
|      | Last 4 digits of account number  | Is the claim subject to offset?  |                 |                 |
|      | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)  | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |                 |                 |

  

|      |   |  |                   |                   |
|------|---|--|-------------------|-------------------|
| 2.21 | Priority creditor's name and mailing address<br><b>James A. Collette</b><br><b>71 West 2nd Street</b><br><b>Deer Park, NY 11729</b> | As of the petition filing date, the claim is:<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | <b>\$2,302.14</b> | <b>\$2,302.14</b> |
|      | Date or dates debt was incurred   | Basis for the claim:<br><b>wages &amp; benefits</b>  |                   |                   |
|      | Last 4 digits of account number   | Is the claim subject to offset?  |                   |                   |
|      | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)   | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |                   |                   |

  

|      |   |  |                   |                   |
|------|---|--|-------------------|-------------------|
| 2.22 | Priority creditor's name and mailing address<br><b>James M. Cheadle</b><br><b>50 Meroke Lane</b><br><b>Islandia, NY 11760</b> | As of the petition filing date, the claim is:<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | <b>\$6,561.54</b> | <b>\$6,561.54</b> |
|      | Date or dates debt was incurred   | Basis for the claim:<br><b>wages &amp; benefits</b>  |                   |                   |
|      | Last 4 digits of account number   | Is the claim subject to offset?  |                   |                   |
|      | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)   | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |                   |                   |

|        |                                    |                        |  |  |
|--------|------------------------------------|------------------------|--|--|
| Debtor | <b>Apollo H.V.A.C. Corporation</b> | Case number (if known) |  |  |
| Name   |                                    |                        |  |  |

  

|   |  |  |                          |                          |
|---|--|--|--------------------------|--------------------------|
| 2.23  | Priority creditor's name and mailing address<br><b>James Shea</b><br><b>157 Vanburen Street</b><br><b>West Babylon, NY 11704</b> | As of the petition filing date, the claim is:<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | <u><b>\$4,420.00</b></u> | <u><b>\$4,420.00</b></u> |
| Date or dates debt was incurred   |  | Basis for the claim:<br><b>wages &amp; benefits</b>  |                          |                          |
| Last 4 digits of account number   |  | Is the claim subject to offset?  |                          |                          |
| Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) |  | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |                          |                          |

  

|   |   |  |                          |                          |
|---|---|--|--------------------------|--------------------------|
| 2.24  | Priority creditor's name and mailing address<br><b>Jason M. Stasi</b><br><b>50 2nd Street</b><br><b>West Sayville, NY 11796</b> | As of the petition filing date, the claim is:<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | <u><b>\$1,627.48</b></u> | <u><b>\$1,627.48</b></u> |
| Date or dates debt was incurred   |   | Basis for the claim:<br><b>wages &amp; benefits</b>  |                          |                          |
| Last 4 digits of account number   |   | Is the claim subject to offset?  |                          |                          |
| Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) |   | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |                          |                          |

  

|   |   |  |                           |                           |
|---|---|--|---------------------------|---------------------------|
| 2.25  | Priority creditor's name and mailing address<br><b>Jeffrey Donahue</b><br><b>112 Budenos Drive</b><br><b>Sayville, NY 11782</b> | As of the petition filing date, the claim is:<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | <u><b>\$12,020.00</b></u> | <u><b>\$12,020.00</b></u> |
| Date or dates debt was incurred   |   | Basis for the claim:<br><b>wages &amp; benefits</b>  |                           |                           |
| Last 4 digits of account number   |   | Is the claim subject to offset?  |                           |                           |
| Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) |   | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |                           |                           |

  

|   |   |  |                          |                          |
|---|---|--|--------------------------|--------------------------|
| 2.26  | Priority creditor's name and mailing address<br><b>Jenry O. Velasquez</b><br><b>70 1st Street</b><br><b>Brentwood, NY 11717</b> | As of the petition filing date, the claim is:<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | <u><b>\$4,032.00</b></u> | <u><b>\$4,032.00</b></u> |
| Date or dates debt was incurred   |   | Basis for the claim:<br><b>wages &amp; benefits</b>  |                          |                          |
| Last 4 digits of account number   |   | Is the claim subject to offset?  |                          |                          |
| Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) |   | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |                          |                          |

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| Debtor | <b>Apollo H.V.A.C. Corporation</b><br><small>Name</small> | Case number (if known) |  |
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|------|--|--|-------------------|-------------------|
| 2.27 | Priority creditor's name and mailing address<br><b>Jill Long</b><br><b>185 Hammond Road</b><br><b>Centereach, NY 11720</b> | As of the petition filing date, the claim is:<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | <b>\$4,524.00</b> | <b>\$4,524.00</b> |
|      | Date or dates debt was incurred  | Basis for the claim:<br><b>wages &amp; benefits</b>  |                   |                   |
|      | Last 4 digits of account number  | Is the claim subject to offset?  |                   |                   |
|      | Specify Code subsection of PRIORITY<br>unsecured claim: 11 U.S.C. § 507(a) (4)   | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |                   |                   |

  

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|------|--|--|-------------------|-------------------|
| 2.28 | Priority creditor's name and mailing address<br><b>John Cardona</b><br><b>2907 Beechnut Avenue</b><br><b>Medford, NY 11763</b> | As of the petition filing date, the claim is:<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | <b>\$5,562.00</b> | <b>\$5,562.00</b> |
|      | Date or dates debt was incurred  | Basis for the claim:<br><b>wages &amp; benefits</b>  |                   |                   |
|      | Last 4 digits of account number  | Is the claim subject to offset?  |                   |                   |
|      | Specify Code subsection of PRIORITY<br>unsecured claim: 11 U.S.C. § 507(a) (4)   | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |                   |                   |

  

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|------|--|--|-----------------|-----------------|
| 2.29 | Priority creditor's name and mailing address<br><b>John F. Sklavonitis</b><br><b>133 Strauss Avenue</b><br><b>Selden, NY 11784</b> | As of the petition filing date, the claim is:<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | <b>\$408.00</b> | <b>\$408.00</b> |
|      | Date or dates debt was incurred  | Basis for the claim:<br><b>wages &amp; benefits</b>  |                 |                 |
|      | Last 4 digits of account number  | Is the claim subject to offset?  |                 |                 |
|      | Specify Code subsection of PRIORITY<br>unsecured claim: 11 U.S.C. § 507(a) (4)   | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |                 |                 |

  

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|------|--|--|-------------------|-------------------|
| 2.30 | Priority creditor's name and mailing address<br><b>Joseph C. Torres</b><br><b>187 Studley Street</b><br><b>Brentwood, NY 11717</b> | As of the petition filing date, the claim is:<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | <b>\$1,520.00</b> | <b>\$1,520.00</b> |
|      | Date or dates debt was incurred  | Basis for the claim:<br><b>wages &amp; benefits</b>  |                   |                   |
|      | Last 4 digits of account number  | Is the claim subject to offset?  |                   |                   |
|      | Specify Code subsection of PRIORITY<br>unsecured claim: 11 U.S.C. § 507(a) (4)   | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |                   |                   |

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| Debtor | <b>Apollo H.V.A.C. Corporation</b> | Case number (if known) |  |  |
| Name   |                                    |                        |  |  |

  

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|---|--|--|-----------------|-----------------|
| 2.31  | Priority creditor's name and mailing address<br><b>Joseph Colletti</b><br><b>49 Deserre Avenue</b><br><b>Staten Island, NY 10312</b> | As of the petition filing date, the claim is:<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | <b>\$956.96</b> | <b>\$956.96</b> |
| Date or dates debt was incurred   |  | Basis for the claim:<br><b>wages &amp; benefits</b>  |                 |                 |
| Last 4 digits of account number   |  | Is the claim subject to offset?  |                 |                 |
| Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) |  | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |                 |                 |

  

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|---|--|--|--------------------|--------------------|
| 2.32  | Priority creditor's name and mailing address<br><b>Joseph L. Mead</b><br><b>9 Hastings Drive</b><br><b>Ridge, NY 11961</b> | As of the petition filing date, the claim is:<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | <b>\$14,438.03</b> | <b>\$13,650.00</b> |
| Date or dates debt was incurred   |  | Basis for the claim:<br><b>wages &amp; benefits</b>  |                    |                    |
| Last 4 digits of account number   |  | Is the claim subject to offset?  |                    |                    |
| Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) |  | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |                    |                    |

  

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|---|---|--|-------------------|-------------------|
| 2.33  | Priority creditor's name and mailing address<br><b>Joseph R. Graziano</b><br><b>13 Ridgeview Terrace</b><br><b>Elmsford, NY 10523</b> | As of the petition filing date, the claim is:<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | <b>\$1,346.00</b> | <b>\$1,346.00</b> |
| Date or dates debt was incurred   |   | Basis for the claim:<br><b>wages &amp; benefits</b>  |                   |                   |
| Last 4 digits of account number   |   | Is the claim subject to offset?  |                   |                   |
| Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) |   | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |                   |                   |

  

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|---|--|--|-------------------|-------------------|
| 2.34  | Priority creditor's name and mailing address<br><b>Joseph Rocioppi</b><br><b>74 Old Eastneck Road</b><br><b>Melville, NY 11747</b> | As of the petition filing date, the claim is:<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | <b>\$1,879.68</b> | <b>\$1,879.68</b> |
| Date or dates debt was incurred   |  | Basis for the claim:<br><b>wages &amp; benefits</b>  |                   |                   |
| Last 4 digits of account number   |  | Is the claim subject to offset?  |                   |                   |
| Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) |  | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |                   |                   |

|        |   |  |                        |  |
|--------|---|--|------------------------|--|
| Debtor | <b>Apollo H.V.A.C. Corporation</b><br><small>Name</small> |  | Case number (if known) |  |
|--------|---|--|------------------------|--|

  

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|------|---|--|-------------------|-------------------|
| 2.35 | Priority creditor's name and mailing address<br><b>Julio Claudio</b><br><b>PO Box 341</b><br><b>Patchogue, NY 11772</b> | As of the petition filing date, the claim is:<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | <b>\$2,619.54</b> | <b>\$2,619.54</b> |
|      | Date or dates debt was incurred   | Basis for the claim:<br><b>wages &amp; benefits</b>  |                   |                   |
|      | Last 4 digits of account number   | Is the claim subject to offset?  |                   |                   |
|      | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)   | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |                   |                   |

  

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|------|--|--|-------------------|-------------------|
| 2.36 | Priority creditor's name and mailing address<br><b>Karla J. Dorsa</b><br><b>9 Tall Tree Lane</b><br><b>Rocky Point, NY 11778</b> | As of the petition filing date, the claim is:<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | <b>\$5,017.00</b> | <b>\$5,017.00</b> |
|      | Date or dates debt was incurred  | Basis for the claim:<br><b>wages &amp; benefits</b>  |                   |                   |
|      | Last 4 digits of account number  | Is the claim subject to offset?  |                   |                   |
|      | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)  | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |                   |                   |

  

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|------|--|--|-------------------|-------------------|
| 2.37 | Priority creditor's name and mailing address<br><b>Kenneth B. Budds</b><br><b>126 Evergreen Avenue</b><br><b>Medford, NY 11763</b> | As of the petition filing date, the claim is:<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | <b>\$2,970.00</b> | <b>\$2,970.00</b> |
|      | Date or dates debt was incurred  | Basis for the claim:<br><b>wages &amp; benefits</b>  |                   |                   |
|      | Last 4 digits of account number  | Is the claim subject to offset?  |                   |                   |
|      | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)  | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |                   |                   |

  

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|------|---|--|-----------------|-----------------|
| 2.38 | Priority creditor's name and mailing address<br><b>Leonardo Domenech</b><br><b>22 Amfer Court</b><br><b>Bay Shore, NY 11706</b> | As of the petition filing date, the claim is:<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | <b>\$326.40</b> | <b>\$326.40</b> |
|      | Date or dates debt was incurred   | Basis for the claim:<br><b>wages &amp; benefits</b>  |                 |                 |
|      | Last 4 digits of account number   | Is the claim subject to offset?  |                 |                 |
|      | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)   | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |                 |                 |

| Debtor <b>Apollo H.V.A.C. Corporation</b> |  | Case number (if known)   |                                       |
|---|--|--|---------------------------------------|
| Name                                      |  |  |                                       |
| 2.39                                      | Priority creditor's name and mailing address<br><b>Marilyn Dorsa</b><br><b>16 Julia Court</b><br><b>Middle Island, NY 11953</b>        | As of the petition filing date, the claim is:<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | <b>\$360.00</b> <b>\$360.00</b>       |
|   | Date or dates debt was incurred  | Basis for the claim:<br><b>wages &amp; benefits</b>  |                                       |
|   | Last 4 digits of account number<br>Specify Code subsection of PRIORITY<br>unsecured claim: 11 U.S.C. § 507(a) (4)                      | Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  |                                       |
| 2.40                                      | Priority creditor's name and mailing address<br><b>Markus Mathura</b><br><b>132-36 55th Street</b><br><b>Jamaica, NY 11434</b>         | As of the petition filing date, the claim is:<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | <b>\$691.20</b> <b>\$691.20</b>       |
|   | Date or dates debt was incurred  | Basis for the claim:<br><b>wages &amp; benefits</b>  |                                       |
|   | Last 4 digits of account number<br>Specify Code subsection of PRIORITY<br>unsecured claim: 11 U.S.C. § 507(a) (4)                      | Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  |                                       |
| 2.41                                      | Priority creditor's name and mailing address<br><b>Matthew Bohacik</b><br><b>314 B. Bayville Avenue</b><br><b>Bayville, NY 11709</b>   | As of the petition filing date, the claim is:<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | <b>\$12,663.54</b> <b>\$12,663.54</b> |
|   | Date or dates debt was incurred  | Basis for the claim:<br><b>wages &amp; benefits</b>  |                                       |
|   | Last 4 digits of account number<br>Specify Code subsection of PRIORITY<br>unsecured claim: 11 U.S.C. § 507(a) (4)                      | Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  |                                       |
| 2.42                                      | Priority creditor's name and mailing address<br><b>Matthew H. Crowley</b><br><b>36 Hillside Lane</b><br><b>Central Islip, NY 11722</b> | As of the petition filing date, the claim is:<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | <b>\$589.92</b> <b>\$589.92</b>       |
|   | Date or dates debt was incurred  | Basis for the claim:<br><b>wages &amp; benefits</b>  |                                       |
|   | Last 4 digits of account number<br>Specify Code subsection of PRIORITY<br>unsecured claim: 11 U.S.C. § 507(a) (4)                      | Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  |                                       |



| Debtor <b>Apollo H.V.A.C. Corporation</b> |   | Case number (if known)   |                                       |
|---|---|--|---------------------------------------|
| Name                                      |   |  |                                       |
| 2.43                                      | Priority creditor's name and mailing address<br><b>Matthew J. Demane</b><br><b>59 Racal Court.</b><br><b>Apt. 3</b><br><b>Staten Island, NY 10314</b> | As of the petition filing date, the claim is:<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | <b>\$1,066.22</b> <b>\$1,066.22</b>   |
|   | Date or dates debt was incurred   | Basis for the claim:<br><b>wages &amp; benefits</b>  |                                       |
|   | Last 4 digits of account number<br>Specify Code subsection of PRIORITY<br>unsecured claim: 11 U.S.C. § 507(a) (4)                                     | Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  |                                       |
| 2.44                                      | Priority creditor's name and mailing address<br><b>Michael Berger</b><br><b>2228 80th Street</b><br><b>Brooklyn, NY 11214</b>                         | As of the petition filing date, the claim is:<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | <b>\$1,810.08</b> <b>\$1,810.08</b>   |
|   | Date or dates debt was incurred   | Basis for the claim:<br><b>wages &amp; benefits</b>  |                                       |
|   | Last 4 digits of account number<br>Specify Code subsection of PRIORITY<br>unsecured claim: 11 U.S.C. § 507(a) (4)                                     | Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  |                                       |
| 2.45                                      | Priority creditor's name and mailing address<br><b>Michael J. Emanuele</b><br><b>107 Pequa Place</b><br><b>Massapequa, NY 11758</b>                   | As of the petition filing date, the claim is:<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | <b>\$10,177.92</b> <b>\$10,177.92</b> |
|   | Date or dates debt was incurred   | Basis for the claim:<br><b>wages &amp; benefits</b>  |                                       |
|   | Last 4 digits of account number<br>Specify Code subsection of PRIORITY<br>unsecured claim: 11 U.S.C. § 507(a) (4)                                     | Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  |                                       |
| 2.46                                      | Priority creditor's name and mailing address<br><b>Michael Siford</b><br><b>161 Overton Street</b><br><b>Deer Park, NY 11729</b>                      | As of the petition filing date, the claim is:<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | <b>\$10,077.45</b> <b>\$10,077.45</b> |
|   | Date or dates debt was incurred   | Basis for the claim:<br><b>wages &amp; benefits</b>  |                                       |
|   | Last 4 digits of account number<br>Specify Code subsection of PRIORITY<br>unsecured claim: 11 U.S.C. § 507(a) (4)                                     | Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  |                                       |

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|---|--|--|--------------------|--------------------|
| Debtor  | <b>Apollo H.V.A.C. Corporation</b>   | Case number (if known)   |                    |                    |
| Name  |  |  |                    |                    |
| 2.47  | Priority creditor's name and mailing address<br><b>Michael T. Stewart</b><br><b>PO Box 72</b><br><b>Selden, NY 11784</b>   | As of the petition filing date, the claim is:<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | <b>\$6,236.96</b>  | <b>\$6,236.96</b>  |
| Date or dates debt was incurred   |  | Basis for the claim:<br><b>wages &amp; benefits</b>  |                    |                    |
| Last 4 digits of account number   |  | Is the claim subject to offset?  |                    |                    |
| Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) |  | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |                    |                    |
|   |  |  |                    |                    |
| 2.48  | Priority creditor's name and mailing address<br><b>Michelle A. Selvaggio</b><br><b>17 Brayton Ct. S.</b><br><b>Centereach, NY 11720</b>  | As of the petition filing date, the claim is:<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | <b>\$14,712.48</b> | <b>\$13,650.00</b> |
| Date or dates debt was incurred   |  | Basis for the claim:<br><b>wages &amp; benefits</b>  |                    |                    |
| Last 4 digits of account number   |  | Is the claim subject to offset?  |                    |                    |
| Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) |  | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |                    |                    |
|   |  |  |                    |                    |
| 2.49  | Priority creditor's name and mailing address<br><b>NYS Department of Taxation and Finance</b><br><b>Attn: Office of Counsel</b><br><b>Bldg 9 WA Harriman Campus</b><br><b>Albany, NY 12227</b> | As of the petition filing date, the claim is:<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | <b>\$5,886.12</b>  | <b>\$5,886.12</b>  |
| Date or dates debt was incurred   |  | Basis for the claim:<br><b>sales tax</b>   |                    |                    |
| Last 4 digits of account number   |  | Is the claim subject to offset?  |                    |                    |
| Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) |  | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |                    |                    |
|   |  |  |                    |                    |
| 2.50  | Priority creditor's name and mailing address<br><b>Peter J. Huljev</b><br><b>285 Merrymount Street</b><br><b>Staten Island, NY 10314</b>   | As of the petition filing date, the claim is:<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | <b>\$1,395.27</b>  | <b>\$1,395.27</b>  |
| Date or dates debt was incurred   |  | Basis for the claim:<br><b>wages &amp; benefits</b>  |                    |                    |
| Last 4 digits of account number   |  | Is the claim subject to offset?  |                    |                    |
| Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) |  | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |                    |                    |

|        |                                    |  |                        |
|--------|------------------------------------|--|------------------------|
| Debtor | <b>Apollo H.V.A.C. Corporation</b> |  | Case number (if known) |
|        | Name                               |  |                        |

  

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|------|---|--|-------------------|-------------------|
| 2.51 | Priority creditor's name and mailing address<br><b>Przemyslaw Nikiel</b><br><b>1 Willis Avenue</b><br><b>Ronkonkoma, NY 11779</b> | As of the petition filing date, the claim is:<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | <b>\$6,864.00</b> | <b>\$6,864.00</b> |
|      | Date or dates debt was incurred   | Basis for the claim:<br><b>wages &amp; benefits</b>  |                   |                   |
|      | Last 4 digits of account number   | Is the claim subject to offset?  |                   |                   |
|      | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)   | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |                   |                   |

  

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|------|--|--|--------------------|--------------------|
| 2.52 | Priority creditor's name and mailing address<br><b>Roger Zeis</b><br><b>12 Balsam Lane</b><br><b>Commack, NY 11725</b> | As of the petition filing date, the claim is:<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | <b>\$22,204.00</b> | <b>\$13,650.00</b> |
|      | Date or dates debt was incurred  | Basis for the claim:<br><b>wages &amp; benefits</b>  |                    |                    |
|      | Last 4 digits of account number  | Is the claim subject to offset?  |                    |                    |
|      | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)  | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |                    |                    |

  

|      |   |  |                   |                   |
|------|---|--|-------------------|-------------------|
| 2.53 | Priority creditor's name and mailing address<br><b>Ronald A. Pruitt</b><br><b>111 Hampton Avenue</b><br><b>Mastic, NY 11950</b> | As of the petition filing date, the claim is:<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | <b>\$1,954.11</b> | <b>\$1,954.11</b> |
|      | Date or dates debt was incurred   | Basis for the claim:<br><b>wages &amp; benefits</b>  |                   |                   |
|      | Last 4 digits of account number   | Is the claim subject to offset?  |                   |                   |
|      | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)   | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |                   |                   |

  

|      |  |  |                   |                   |
|------|--|--|-------------------|-------------------|
| 2.54 | Priority creditor's name and mailing address<br><b>Ryan M. Meehan</b><br><b>17 Paige Lane</b><br><b>Moriches, NY 11955</b> | As of the petition filing date, the claim is:<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | <b>\$1,792.00</b> | <b>\$1,792.00</b> |
|      | Date or dates debt was incurred  | Basis for the claim:<br><b>wages &amp; benefits</b>  |                   |                   |
|      | Last 4 digits of account number  | Is the claim subject to offset?  |                   |                   |
|      | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)  | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |                   |                   |

|        |   |  |                    |                    |
|--------|---|--|--------------------|--------------------|
| Debtor | <b>Apollo H.V.A.C. Corporation</b><br><small>Name</small>   | Case number (if known)   |                    |                    |
| 2.55   | Priority creditor's name and mailing address<br><b>Scott P. Derby</b><br><b>1505 N. Gardiner Drive</b><br><b>Bay Shore, NY 11706</b>                | As of the petition filing date, the claim is:<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | <b>\$16,012.88</b> | <b>\$13,650.00</b> |
|        | Date or dates debt was incurred   | Basis for the claim:<br><b>wages &amp; benefits</b>  |                    |                    |
|        | Last 4 digits of account number   | Is the claim subject to offset?  |                    |                    |
|        | Specify Code subsection of PRIORITY<br>unsecured claim: 11 U.S.C. § 507(a) (4)  | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |                    |                    |
|        |   |  |                    |                    |
| 2.56   | Priority creditor's name and mailing address<br><b>Sherwin Barker</b><br><b>227 Oakley Avenue</b><br><b>Apt. 170</b><br><b>Massapequa, NY 11758</b> | As of the petition filing date, the claim is:<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | <b>\$420.00</b>    | <b>\$0.00</b>      |
|        | Date or dates debt was incurred   | Basis for the claim:<br><b>wages &amp; benefits</b>  |                    |                    |
|        | Last 4 digits of account number   | Is the claim subject to offset?  |                    |                    |
|        | Specify Code subsection of PRIORITY<br>unsecured claim: 11 U.S.C. § 507(a) (4)  | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |                    |                    |
|        |   |  |                    |                    |
| 2.57   | Priority creditor's name and mailing address<br><b>Steve Lundberg</b><br><b>109 Wyona Avenue</b><br><b>Selden, NY 11784</b>                         | As of the petition filing date, the claim is:<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | <b>\$6,734.40</b>  | <b>\$6,734.40</b>  |
|        | Date or dates debt was incurred   | Basis for the claim:<br><b>wages &amp; benefits</b>  |                    |                    |
|        | Last 4 digits of account number   | Is the claim subject to offset?  |                    |                    |
|        | Specify Code subsection of PRIORITY<br>unsecured claim: 11 U.S.C. § 507(a) (4)  | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |                    |                    |
|        |   |  |                    |                    |
| 2.58   | Priority creditor's name and mailing address<br><b>Steven D. Iasimone</b><br><b>PO Box 450</b><br><b>Rocky Point, NY 11778</b>                      | As of the petition filing date, the claim is:<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | <b>\$18,687.11</b> | <b>\$13,650.00</b> |
|        | Date or dates debt was incurred   | Basis for the claim:<br><b>wages &amp; benefits</b>  |                    |                    |
|        | Last 4 digits of account number   | Is the claim subject to offset?  |                    |                    |
|        | Specify Code subsection of PRIORITY<br>unsecured claim: 11 U.S.C. § 507(a) (4)  | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |                    |                    |

|        |                                    |                        |  |  |
|--------|------------------------------------|------------------------|--|--|
| Debtor | <b>Apollo H.V.A.C. Corporation</b> | Case number (if known) |  |  |
|        | Name                               |                        |  |  |

  

|      |   |  |                   |                   |
|------|---|--|-------------------|-------------------|
| 2.59 | Priority creditor's name and mailing address<br><b>Steven P. Brannigan</b><br><b>20 Emerald Lane</b><br><b>Huntington Station, NY 11746</b> | As of the petition filing date, the claim is:<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | <b>\$8,909.43</b> | <b>\$8,909.43</b> |
|      | Date or dates debt was incurred   | Basis for the claim:<br><b>wages &amp; benefits</b>  |                   |                   |
|      | Last 4 digits of account number   | Is the claim subject to offset?  |                   |                   |
|      | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)   | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |                   |                   |

  

|      |   |  |                 |                 |
|------|---|--|-----------------|-----------------|
| 2.60 | Priority creditor's name and mailing address<br><b>Terry Campbell</b><br><b>130-18 149th Street</b><br><b>Jamaica, NY 11436</b> | As of the petition filing date, the claim is:<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | <b>\$956.96</b> | <b>\$956.96</b> |
|      | Date or dates debt was incurred   | Basis for the claim:<br><b>wages &amp; benefits</b>  |                 |                 |
|      | Last 4 digits of account number   | Is the claim subject to offset?  |                 |                 |
|      | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)   | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |                 |                 |

  

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|------|--|--|-------------------|-------------------|
| 2.61 | Priority creditor's name and mailing address<br><b>Thomas E. Duffy</b><br><b>482 Arlington Drive</b><br><b>Seaford, NY 11783</b> | As of the petition filing date, the claim is:<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | <b>\$2,662.88</b> | <b>\$2,662.88</b> |
|      | Date or dates debt was incurred  | Basis for the claim:<br><b>wages &amp; benefits</b>  |                   |                   |
|      | Last 4 digits of account number  | Is the claim subject to offset?  |                   |                   |
|      | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)  | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |                   |                   |

  

|      |  |  |                   |                   |
|------|--|--|-------------------|-------------------|
| 2.62 | Priority creditor's name and mailing address<br><b>Thomas G. Winberry</b><br><b>335 McCall Avenue</b><br><b>West Islip, NY 11795</b> | As of the petition filing date, the claim is:<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | <b>\$1,440.00</b> | <b>\$1,440.00</b> |
|      | Date or dates debt was incurred  | Basis for the claim:<br><b>wages &amp; benefits</b>  |                   |                   |
|      | Last 4 digits of account number  | Is the claim subject to offset?  |                   |                   |
|      | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)  | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |                   |                   |

|   |  |  |                    |                    |
|---|--|--|--------------------|--------------------|
| Debtor  | <b>Apollo H.V.A.C. Corporation</b>   | Case number (if known)   |                    |                    |
| Name  |  |  |                    |                    |
| 2.63  | Priority creditor's name and mailing address<br><b>Thomas H. Doran</b><br><b>186 Greenbelt Pkwy</b><br><b>Holbrook, NY 11741</b>             | As of the petition filing date, the claim is:<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | <b>\$5,200.00</b>  | <b>\$5,200.00</b>  |
| Date or dates debt was incurred   |  | Basis for the claim:<br><b>wages &amp; benefits</b>  |                    |                    |
| Last 4 digits of account number   |  | Is the claim subject to offset?  |                    |                    |
| Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) |  | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |                    |                    |
|   |  |  |                    |                    |
| 2.64  | Priority creditor's name and mailing address<br><b>Timothy Boehm</b><br><b>114 Saw Mill Road</b><br><b>Bellmore, NY 11710</b>                | As of the petition filing date, the claim is:<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | <b>\$16,900.00</b> | <b>\$13,650.00</b> |
| Date or dates debt was incurred   |  | Basis for the claim:<br><b>wages &amp; benefits</b>  |                    |                    |
| Last 4 digits of account number   |  | Is the claim subject to offset?  |                    |                    |
| Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) |  | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |                    |                    |
|   |  |  |                    |                    |
| 2.65  | Priority creditor's name and mailing address<br><b>Timothy J. Noon</b><br><b>41 Garfield Street</b><br><b>Bay Shore, NY 11706</b>            | As of the petition filing date, the claim is:<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | <b>\$1,312.00</b>  | <b>\$1,312.00</b>  |
| Date or dates debt was incurred   |  | Basis for the claim:<br><b>wages &amp; benefits</b>  |                    |                    |
| Last 4 digits of account number   |  | Is the claim subject to offset?  |                    |                    |
| Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) |  | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |                    |                    |
|   |  |  |                    |                    |
| 2.66  | Priority creditor's name and mailing address<br><b>Walter Rodriguez Castillo</b><br><b>33 Hempstead Tpke</b><br><b>Farmingdale, NY 11735</b> | As of the petition filing date, the claim is:<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | <b>\$4,001.40</b>  | <b>\$4,001.40</b>  |
| Date or dates debt was incurred   |  | Basis for the claim:<br><b>wages &amp; benefits</b>  |                    |                    |
| Last 4 digits of account number   |  | Is the claim subject to offset?  |                    |                    |
| Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) |  | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |                    |                    |

|        |  |                        |  |
|--------|--|------------------------|--|
| Debtor | <b>Apollo H.V.A.C. Corporation</b><br>Name | Case number (if known) |  |
|--------|--|------------------------|--|

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|      |   |  |                   |                   |
|------|---|--|-------------------|-------------------|
| 2.67 | Priority creditor's name and mailing address<br><b>William H. Lohrberg</b><br><b>103 Delaware Avenue</b><br><b>Long Beach, NY 11561</b> | As of the petition filing date, the claim is:<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | <b>\$3,682.40</b> | <b>\$3,682.40</b> |
|------|---|--|-------------------|-------------------|

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|                                 |   |
|---------------------------------|---|
| Date or dates debt was incurred | Basis for the claim:<br><b>wages &amp; benefits</b> |
|---------------------------------|---|

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|                                 |   |
|---------------------------------|---|
| Last 4 digits of account number | Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes |
|---------------------------------|---|

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**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

|  |  |  |                        |  |
|--|--|--|------------------------|--|
|  |  |  | <b>Amount of claim</b> |  |
|--|--|--|------------------------|--|

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|     |   |   |                 |  |
|-----|---|---|-----------------|--|
| 3.1 | Nonpriority creditor's name and mailing address<br><b>1-800 Radiator &amp; A/C</b><br><b>101 Cleveland Avenue</b><br><b>Bay Shore, NY 11706</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br>Basis for the claim: <u><b>Delinquent Account</b></u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$438.85</b> |  |
|-----|---|---|-----------------|--|

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|     |   |   |                   |  |
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| 3.2 | Nonpriority creditor's name and mailing address<br><b>300 Hampton Road</b><br><b>300 Hampton Road</b><br><b>Southampton, NY 11968</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br>Basis for the claim: <u><b>Delinquent Account</b></u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$3,129.30</b> |  |
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|     |  |   |                    |  |
|-----|--|---|--------------------|--|
| 3.3 | Nonpriority creditor's name and mailing address<br><b>A&amp;J Crane</b><br><b>121 Wyandanch Avenue</b><br><b>Wyandanch, NY 11798</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br>Basis for the claim: <u><b>Delinquent Account</b></u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$10,200.00</b> |  |
|-----|--|---|--------------------|--|

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|     |   |   |                   |  |
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| 3.4 | Nonpriority creditor's name and mailing address<br><b>A.D.E. Systems</b><br><b>150 Albany Avenue</b><br><b>Freeport, NY 11520</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br>Basis for the claim: <u><b>Delinquent Account</b></u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$1,728.81</b> |  |
|-----|---|---|-------------------|--|

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|     |   |   |                    |  |
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| 3.5 | Nonpriority creditor's name and mailing address<br><b>ABCO Refrigeration</b><br><b>49-70 31st Street</b><br><b>Long Island City, NY 11101</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br>Basis for the claim: <u><b>Delinquent Account</b></u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$33,040.73</b> |  |
|-----|---|---|--------------------|--|

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|        |  |                              |
|--------|--|------------------------------|
| Debtor | <b>Apollo H.V.A.C. Corporation</b><br>Name _____ | Case number (if known) _____ |
|--------|--|------------------------------|

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|     |   |   |
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| 3.6 | <b>Nonpriority creditor's name and mailing address</b><br><b>Able Equipment Rental</b><br><b>1050 Grand Blvd.</b><br><b>Deer Park, NY 11729</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$15,552.84</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
|-----|---|---|

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|-----|---|--|
| 3.7 | <b>Nonpriority creditor's name and mailing address</b><br><b>ABS Pump Repair</b><br><b>89 Allen Blvd.</b><br><b>Farmingdale, NY 11735</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$4,111.57</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
|-----|---|--|

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|     |   |  |
|-----|---|--|
| 3.8 | <b>Nonpriority creditor's name and mailing address</b><br><b>ACA Waste Services</b><br><b>40 Eads Street</b><br><b>West Babylon, NY 11704</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$244.02</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
|-----|---|--|

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|     |   |  |
|-----|---|--|
| 3.9 | <b>Nonpriority creditor's name and mailing address</b><br><b>Accuspec, Inc.</b><br><b>21 Commerce Drive</b><br><b>Danbury, CT 06810</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$355,000.00</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
|-----|---|--|

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|      |   |  |
|------|---|--|
| 3.10 | <b>Nonpriority creditor's name and mailing address</b><br><b>Accuspec, Inc.</b><br><b>21 Commerce Drive</b><br><b>Danbury, CT 06810</b><br><br>Date(s) debt was incurred <u><b>July 2019</b></u><br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$43,366.36</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account/Mechanic's Lien</b></u><br><u><b>Kimco Realty Jericho Atrium</b></u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
|------|---|--|

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|      |  |  |
|------|--|--|
| 3.11 | <b>Nonpriority creditor's name and mailing address</b><br><b>Ace Hardware</b><br><b>770-14 Grand Blvd.</b><br><b>Deer Park, NY 11729</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$1,405.37</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
|------|--|--|

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|      |  |   |
|------|--|---|
| 3.12 | <b>Nonpriority creditor's name and mailing address</b><br><b>ADP, LLC</b><br><b>One ADP Drive MS-100</b><br><b>Atlanta, GA 30309</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$154,699.14</b></span><br><input checked="" type="checkbox"/> Contingent<br><input checked="" type="checkbox"/> Unliquidated<br><input checked="" type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
|------|--|---|



|        |  |                        |
|--------|--|------------------------|
| Debtor | <b>Apollo H.V.A.C. Corporation</b><br>Name | Case number (if known) |
|--------|--|------------------------|

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|------|--|---|----------------------------|
| 3.13 | <b>Nonpriority creditor's name and mailing address</b><br><b>Advanced Control Solution</b><br><b>580 Pine Aire Drive</b><br><b>Bay Shore, NY 11706</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u><b>\$264,449.66</b></u> |
|------|--|---|----------------------------|

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| 3.14 | <b>Nonpriority creditor's name and mailing address</b><br><b>Aerotek</b><br><b>290 broadhollow Road</b><br><b>Suite 310E</b><br><b>Melville, NY 11747</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u><b>\$152,673.80</b></u> |
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| 3.15 | <b>Nonpriority creditor's name and mailing address</b><br><b>AFCO Insurance</b><br><b>5600 N. River Road</b><br><b>Suite 400</b><br><b>Des Plaines, IL 60018-5187</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account/Insurance</b></u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u><b>\$6,189.12</b></u> |
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| 3.16 | <b>Nonpriority creditor's name and mailing address</b><br><b>Air Cleaning Specialists</b><br><b>826 Horan Drive</b><br><b>Fenton, MO 63026</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u><b>\$21,962.69</b></u> |
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| 3.17 | <b>Nonpriority creditor's name and mailing address</b><br><b>Air Control Supply Co.</b><br><b>1580 Lakeland Avenue</b><br><b>Bohemia, NY 11716</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u><b>\$39,786.86</b></u> |
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| 3.18 | <b>Nonpriority creditor's name and mailing address</b><br><b>Air Weld</b><br><b>94 Marine Street</b><br><b>Farmingdale, NY 11735</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u><b>\$14,356.14</b></u> |
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| 3.19 | <b>Nonpriority creditor's name and mailing address</b><br><b>Alarm Management</b><br><b>Program of SU</b><br><b>30 Yaphank Avenue</b><br><b>Yaphank, NY 11980</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u><b>\$450.00</b></u> |
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| Debtor | <b>Apollo H.V.A.C. Corporation</b><br>Name _____ | Case number (if known) _____ |
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| 3.20 | <b>Nonpriority creditor's name and mailing address</b><br><b>Albert Weiss Air</b><br><b>Conditioning Products Inc</b><br><b>270 Madison Avenue</b><br><b>Suite 1805</b><br><b>New York, NY 10016</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$33,918.02</b> |
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| 3.21 | <b>Nonpriority creditor's name and mailing address</b><br><b>All City Testing</b><br><b>&amp; Balancing</b><br><b>2876 Milburn Avenue</b><br><b>Baldwin, NY 11510</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$26,300.00</b> |
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| 3.22 | <b>Nonpriority creditor's name and mailing address</b><br><b>All County Crane</b><br><b>&amp; Rigging</b><br><b>94 Bellport Avenue</b><br><b>Yaphank, NY 11980</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$83,800.00</b> |
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| 3.23 | <b>Nonpriority creditor's name and mailing address</b><br><b>All Island Auto Glass</b><br><b>333 Larkfield Road</b><br><b>East Northport, NY 11731</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$363.89</b> |
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| 3.24 | <b>Nonpriority creditor's name and mailing address</b><br><b>Alldata</b><br><b>PO Box 848379</b><br><b>Dallas, TX 75284-8379</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$369.32</b> |
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| 3.25 | <b>Nonpriority creditor's name and mailing address</b><br><b>Allen-Stevenson School</b><br><b>132 East 78th Street</b><br><b>New York, NY 10075</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input checked="" type="checkbox"/> Contingent<br><input checked="" type="checkbox"/> Unliquidated<br><input checked="" type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u><b>Re: 126-132 East 78th Street, NYC</b></u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$0.00</b> |
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| 3.26 | <b>Nonpriority creditor's name and mailing address</b><br><b>Allstate Communications</b><br><b>PO Box 750</b><br><b>Massapequa Park, NY 11762</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$1,337.16</b> |
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| Debtor | <b>Apollo H.V.A.C. Corporation</b><br><small>Name</small> | Case number (if known) _____ |
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| 3.27 | <b>Nonpriority creditor's name and mailing address</b><br><b>American Express</b><br><b>PO Box 1270</b><br><b>Newark, NJ 07101-1270</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>9400</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>Credit Card</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u><b>\$51,834.14</b></u> |
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| 3.28 | <b>Nonpriority creditor's name and mailing address</b><br><b>American Pride Contracting Inc.</b><br><b>12 Franco Avenue</b><br><b>Selden, NY 11784</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>Delinquent Account</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u><b>\$1,400.00</b></u> |
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| 3.29 | <b>Nonpriority creditor's name and mailing address</b><br><b>Anthony Dorsa</b><br><b>225 N. Fehr Way</b><br><b>Bay Shore, NY 11706</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>Loan</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u><b>\$621,323.21</b></u> |
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| 3.30 | <b>Nonpriority creditor's name and mailing address</b><br><b>Argonaut</b><br><b>610 Walnut Avenue</b><br><b>Bohemia, NY 11716</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>Delinquent Account</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u><b>\$338.92</b></u> |
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| 3.31 | <b>Nonpriority creditor's name and mailing address</b><br><b>Arlan Damper Corp.</b><br><b>1598 Lakeland Avenue</b><br><b>Bohemia, NY 11716</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>Delinquent Account</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u><b>\$8,130.34</b></u> |
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| 3.32 | <b>Nonpriority creditor's name and mailing address</b><br><b>Aurora Contractors, Inc.</b><br><b>c/o Forchelli Deegan LLP</b><br><b>333 Earle Ovington Blvd.</b><br><b>Suite 1010</b><br><b>Uniondale, NY 11553</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>Delinquent Account</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u><b>\$700,000.00</b></u> |
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| 3.33 | <b>Nonpriority creditor's name and mailing address</b><br><b>B&amp;F Johnstone Supply</b><br><b>135 Schmitt Blvd.</b><br><b>Farmingdale, NY 11735</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u>Delinquent Account</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u><b>\$15,716.30</b></u> |
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| Debtor | <b>Apollo H.V.A.C. Corporation</b><br>Name _____ | Case number (if known) _____ |
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| 3.34 | <b>Nonpriority creditor's name and mailing address</b><br><b>Bank of America</b><br><b>PO Box 15796</b><br><b>Wilmington, DE 19886-5796</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Credit Card</b></u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u><b>\$26,490.94</b></u> |
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| 3.35 | <b>Nonpriority creditor's name and mailing address</b><br><b>Bayshore Rental</b><br><b>240 N. Fehr Way</b><br><b>Bay Shore, NY 11706</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u><b>\$2,672.18</b></u> |
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| 3.36 | <b>Nonpriority creditor's name and mailing address</b><br><b>Beardslee Transmission</b><br><b>680 Old Willets Path</b><br><b>Hauppauge, NY 11788</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u><b>\$759.88</b></u> |
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| 3.37 | <b>Nonpriority creditor's name and mailing address</b><br><b>Brooklyn Fan &amp; Blower</b><br><b>60-20 34th Avenue</b><br><b>Brooklyn, NY 11214</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u><b>\$13,491.77</b></u> |
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| 3.38 | <b>Nonpriority creditor's name and mailing address</b><br><b>Brothers II Bus. Machine</b><br><b>200 McCormick Drive</b><br><b>Bohemia, NY 11716-2906</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u><b>\$200.72</b></u> |
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| 3.39 | <b>Nonpriority creditor's name and mailing address</b><br><b>Bruce Supply Corp.</b><br><b>8805 18th Avenue</b><br><b>Brooklyn, NY 11214</b><br><br>Date(s) debt was incurred <u><b>2019</b></u><br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>unpaid account</b></u><br><u><b>Innovation &amp; Discovery Center at SUNY at Stony Brook</b></u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u><b>\$135,855.62</b></u> |
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| 3.40 | <b>Nonpriority creditor's name and mailing address</b><br><b>Bulldog Sheet Metal Corp.</b><br><b>227 N. Fehr Way</b><br><b>Bay Shore, NY 11706</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u><b>\$172,441.04</b></u> |
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| Debtor | <b>Apollo H.V.A.C. Corporation</b><br>Name _____ | Case number (if known) _____ |
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| 3.41 | <b>Nonpriority creditor's name and mailing address</b><br><b>Bulldog Sheet Metal Corp.</b><br><b>227 N. Fehr Way</b><br><b>Bay Shore, NY 11706</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u><b>Mechanic's Lien/1500 Stony Brook Rd., Stony Brook</b></u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.42 | <b>Nonpriority creditor's name and mailing address</b><br><b>Business Card</b><br><b>Bank of America</b><br><b>PO Box 15796</b><br><b>Wilmington, DE 19886-5796</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u><b>6880</b></u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$24,955.33</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u><b>Credit Card</b></u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.43 | <b>Nonpriority creditor's name and mailing address</b><br><b>Cangro Industries</b><br><b>495 Smith Street</b><br><b>Farmingdale, NY 11735</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$254.22</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.44 | <b>Nonpriority creditor's name and mailing address</b><br><b>Carrier Rental Systems</b><br><b>80 Bomont Place</b><br><b>Totowa, NJ 07512</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$12,608.87</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.45 | <b>Nonpriority creditor's name and mailing address</b><br><b>Cascade Water Services</b><br><b>113 Bloomingdale Road</b><br><b>Hicksville, NY 11801</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$2,471.57</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.46 | <b>Nonpriority creditor's name and mailing address</b><br><b>Cassone Leasing Inc.</b><br><b>1950 Lakeland Avenue</b><br><b>Ronkonkoma, NY 11779</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$814.68</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.47 | <b>Nonpriority creditor's name and mailing address</b><br><b>Catholic Health Services</b><br><b>St. Francis</b><br><b>2200 Northern Blvd.</b><br><b>Greenvale, NY 11548</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$5,623.00</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| Debtor | <b>Apollo H.V.A.C. Corporation</b><br>Name _____ | Case number (if known) _____ |
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| 3.48 | <b>Nonpriority creditor's name and mailing address</b><br><b>Central Business Systems</b><br><b>1219 Walt Whitman Rd.</b><br><b>Melville, NY 11747</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$5,487.13</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.49 | <b>Nonpriority creditor's name and mailing address</b><br><b>Ceschini CPAs</b><br><b>Tax &amp; Advisory PLLC</b><br><b>54 North Country Road</b><br><b>Miller Place, NY 11764</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$43,066.25</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.50 | <b>Nonpriority creditor's name and mailing address</b><br><b>Chase</b><br><b>PO Box 15123</b><br><b>Wilmington, DE 19850-5123</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$40,287.47</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Credit Card (Southwest)</b></u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.51 | <b>Nonpriority creditor's name and mailing address</b><br><b>ChemTreat</b><br><b>5460 Cox Road</b><br><b>Glen Allen, VA 23060</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$19,909.94</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.52 | <b>Nonpriority creditor's name and mailing address</b><br><b>Chemworks Inc.</b><br><b>31 George Street</b><br><b>Newton, MA 02458</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$19,200.00</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.53 | <b>Nonpriority creditor's name and mailing address</b><br><b>Chimney Design</b><br><b>Solutions Inc.</b><br><b>649 Lafayette Ave.</b><br><b>Suite 3</b><br><b>Hawthorne, NJ 07506</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$5,250.00</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.54 | <b>Nonpriority creditor's name and mailing address</b><br><b>Cintas Corp. Loc 780</b><br><b>PO Box 630803</b><br><b>Cincinnati, OH 45263-0803</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$80,976.85</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| Debtor | <b>Apollo H.V.A.C. Corporation</b><br>Name | Case number (if known) |
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| 3.55 | <b>Nonpriority creditor's name and mailing address</b><br><b>Climate Master LLC</b><br><b>PO Box 1117</b><br><b>Sayreville, NJ 08872</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$6,270.00</b> |
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| 3.56 | <b>Nonpriority creditor's name and mailing address</b><br><b>Computerease</b><br><b>PO Box 7789</b><br><b>Santa Rosa, CA 95407</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$201.19</b> |
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| 3.57 | <b>Nonpriority creditor's name and mailing address</b><br><b>Cutting Edge Metal</b><br><b>Works Inc.</b><br><b>12 Long Island Avenue</b><br><b>Holtsville, NY 11742</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$5,436.04</b> |
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| 3.58 | <b>Nonpriority creditor's name and mailing address</b><br><b>Daikin Applied</b><br><b>10 Exchange Place</b><br><b>21st Floor</b><br><b>Jersey City, NJ 07302</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$58,270.18</b> |
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| 3.59 | <b>Nonpriority creditor's name and mailing address</b><br><b>Denico Management</b><br><b>225 N. Fehr Way</b><br><b>Bay Shore, NY 11706</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> ____<br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$66,568.17</b> |
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| 3.60 | <b>Nonpriority creditor's name and mailing address</b><br><b>Diamond Auto Service</b><br><b>71-73 Cleveland Avenue</b><br><b>Bay Shore, NY 11706</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$258.54</b> |
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| 3.61 | <b>Nonpriority creditor's name and mailing address</b><br><b>Difazio Power &amp; Electric</b><br><b>711 Grand Blvd.</b><br><b>Deer Park, NY 11729</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$5,175.00</b> |
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| Debtor | <b>Apollo H.V.A.C. Corporation</b><br>Name | Case number (if known) _____ |
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| 3.62 | <b>Nonpriority creditor's name and mailing address</b><br><b>Dolphin Equipment Corp.</b><br><b>629 5th Avenue</b><br><b>Suite #226</b><br><b>Pelham, NY 10803</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$17,900.00</b> |
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| 3.63 | <b>Nonpriority creditor's name and mailing address</b><br><b>East Coast Filter</b><br><b>Sales &amp; Service</b><br><b>80 Modular Avenue</b><br><b>Commack, NY 11725</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$13,670.01</b> |
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| 3.64 | <b>Nonpriority creditor's name and mailing address</b><br><b>Eastern Industrial Svcs.</b><br><b>860 B. South Second St.</b><br><b>Ronkonkoma, NY 11779</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$142,711.62</b> |
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| 3.65 | <b>Nonpriority creditor's name and mailing address</b><br><b>Egan &amp; Golden, Attys.</b><br><b>46 Newton Lane</b><br><b>East Hampton, NY 11937</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$12,119.03</b> |
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| 3.66 | <b>Nonpriority creditor's name and mailing address</b><br><b>Encore Petroleum</b><br><b>180 West 5th Street</b><br><b>Bayonne, NJ 07002</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$49,831.20</b> |
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| 3.67 | <b>Nonpriority creditor's name and mailing address</b><br><b>Energy Plus NY</b><br><b>831 Kent Avenue</b><br><b>Brooklyn, NY 11205</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$2,544.63</b> |
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| 3.68 | <b>Nonpriority creditor's name and mailing address</b><br><b>Erlin Steel</b><br><b>857 N. Richmond Avenue</b><br><b>Lindenhurst, NY 11757</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$1,520.75</b> |
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| Debtor | <b>Apollo H.V.A.C. Corporation</b><br><small>Name</small> | Case number (if known) _____ |
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| 3.69 | <b>Nonpriority creditor's name and mailing address</b><br><b>Fairfield Maintenance</b><br><b>414 Fairfield Road</b><br><b>Fairfield, NJ 07004</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$67,500.00</b> |
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| 3.70 | <b>Nonpriority creditor's name and mailing address</b><br><b>Family Pipe</b><br><b>Insulation Inc.</b><br><b>25-20 100th Street</b><br><b>East Elmhurst, NY 11369</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$166,558.55</b> |
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| 3.71 | <b>Nonpriority creditor's name and mailing address</b><br><b>Family Service</b><br><b>1444 5th Avenue</b><br><b>Bay Shore, NY 11706</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input checked="" type="checkbox"/> Contingent<br><input checked="" type="checkbox"/> Unliquidated<br><input checked="" type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Family Service Project</b></u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$0.00</b> |
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| 3.72 | <b>Nonpriority creditor's name and mailing address</b><br><b>Federal Express</b><br><b>PO Box 371461</b><br><b>Pittsburgh, PA 15250</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$281.05</b> |
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| 3.73 | <b>Nonpriority creditor's name and mailing address</b><br><b>Ferguson Enterprises</b><br><b>PO Box 417592</b><br><b>Boston, MA 02241-7592</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u><b>4843</b></u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$19,477.88</b> |
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| 3.74 | <b>Nonpriority creditor's name and mailing address</b><br><b>Fleet Fueling</b><br><b>PO Box 6293</b><br><b>Carol Stream, IL 60197-6293</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$26,078.57</b> |
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| 3.75 | <b>Nonpriority creditor's name and mailing address</b><br><b>Forte Construction Inc.</b><br><b>490 Wheeler Road</b><br><b>Suite 101</b><br><b>Hauppauge, NY 11788</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u><b>1159</b></u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$35,000.00</b> |
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| Debtor | <b>Apollo H.V.A.C. Corporation</b><br><small>Name</small> | Case number (if known) _____ |
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| 3.76 | <b>Nonpriority creditor's name and mailing address</b><br><b>G.A. Fleet Assoc. Inc.</b><br><b>55 Calvert Street</b><br><b>Harrison, NY 10528</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$33,370.00</b> |
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| 3.77 | <b>Nonpriority creditor's name and mailing address</b><br><b>Galaxie Coffee Service</b><br><b>100 Sea Lane</b><br><b>Farmingdale, NY 11735</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$897.24</b> |
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| 3.78 | <b>Nonpriority creditor's name and mailing address</b><br><b>Gemma's Automotive Svc.</b><br><b>324 Uniondale Avenue</b><br><b>Uniondale, NY 11553</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$634.50</b> |
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| 3.79 | <b>Nonpriority creditor's name and mailing address</b><br><b>Gene &amp; Catherine Salkind</b><br><b>1165 Wrack Road</b><br><b>Jenkintown, PA 19046</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Promissory Note</b></u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$334,000.00</b> |
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| 3.80 | <b>Nonpriority creditor's name and mailing address</b><br><b>General Sercurity-36386</b><br><b>100 Fairchild Avenue</b><br><b>Plainview, NY 11803</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$493.03</b> |
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| 3.81 | <b>Nonpriority creditor's name and mailing address</b><br><b>General Sercurity-36401</b><br><b>100 Fairchild Avenue</b><br><b>Plainview, NY 11803</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$654.66</b> |
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| 3.82 | <b>Nonpriority creditor's name and mailing address</b><br><b>General Sercurity-452841</b><br><b>100 Fairchild Avenue</b><br><b>Plainview, NY 11803</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$185.14</b> |
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| Debtor | <b>Apollo H.V.A.C. Corporation</b><br>Name _____ | Case number (if known) _____ |
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| 3.83 | <b>Nonpriority creditor's name and mailing address</b><br><b>Gil-Bar Industries, Inc.</b><br><b>9 West 19th Street</b><br><b>New York, NY 10011</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u>1456</u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$34,266.55</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>Delinquent Account</u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.84 | <b>Nonpriority creditor's name and mailing address</b><br><b>Gilbar Industries Inc.</b><br><b>5 West 19th Street</b><br><b>New York, NY 10011</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____         | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$69,388.55</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>Delinquent Account</u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.85 | <b>Nonpriority creditor's name and mailing address</b><br><b>GM Financial Leasing</b><br><b>PO Box 99606</b><br><b>Arlington, TX 76096</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____                | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$2,437.98</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>Delinquent Account</u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.86 | <b>Nonpriority creditor's name and mailing address</b><br><b>Gotham Pipe Supply LLC</b><br><b>1819 Flushing Ave.</b><br><b>Ridgewood, NY 11385</b><br><br>Date(s) debt was incurred <u>2019</u><br>Last 4 digits of account number _____  | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$36,405.09</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>unpaid account</u><br><u>Innovation &amp; Discovery Center at SUNY at Stony Brook</u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.87 | <b>Nonpriority creditor's name and mailing address</b><br><b>Grainger, WW</b><br><b>1 Park Drive</b><br><b>Melville, NY 11747</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____                         | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$2,914.82</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>Delinquent Account</u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3.88 | <b>Nonpriority creditor's name and mailing address</b><br><b>Home Depot Credit Service</b><br><b>PO Box 9001030</b><br><b>Louisville, KY 40290-1030</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____   | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$8,530.68</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>Credit Card</u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |
| 3.89 | <b>Nonpriority creditor's name and mailing address</b><br><b>HRANEE Sheet Metal Inc.</b><br><b>763 McClellandtown Road</b><br><b>Uniontown, PA 15401</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____  | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$21,600.00</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>Delinquent Account/Jericho Atrium 1761 LLC Kinco Realty</u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes                           |

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| Debtor | <b>Apollo H.V.A.C. Corporation</b><br>Name _____ | Case number (if known) _____ |
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| 3.90 | <b>Nonpriority creditor's name and mailing address</b><br><b>HTS NY Inc.</b><br><b>One Penn Plaza</b><br><b>Suite 2014</b><br><b>New York, NY 10019</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u><b>\$300,514.54</b></u> |
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| 3.91 | <b>Nonpriority creditor's name and mailing address</b><br><b>HVAC Service Assoc.</b><br><b>14 Leonardville Road</b><br><b>Middletown, NJ 07748</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u><b>\$515.97</b></u> |
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| 3.92 | <b>Nonpriority creditor's name and mailing address</b><br><b>Ideal Supply Co.</b><br><b>445 Communipaw Avenue</b><br><b>Jersey City, NJ 07304</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u><b>\$12,592.11</b></u> |
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| 3.93 | <b>Nonpriority creditor's name and mailing address</b><br><b>Industrial Threaded Prdts</b><br><b>777 Mount Avenue</b><br><b>Wyandanch, NY 11798</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u><b>\$18,757.44</b></u> |
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| 3.94 | <b>Nonpriority creditor's name and mailing address</b><br><b>Innovative Financial</b><br><b>Technologie</b><br><b>4455 Carver Woods Dr.</b><br><b>Suite 110</b><br><b>Cincinnati, OH 45242</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u><b>\$1,744.19</b></u> |
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| 3.95 | <b>Nonpriority creditor's name and mailing address</b><br><b>Insta Answer, LLC</b><br><b>PO Box 9831</b><br><b>Pompano Beach, FL 33076</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u><b>\$1,945.74</b></u> |
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| 3.96 | <b>Nonpriority creditor's name and mailing address</b><br><b>Insurance Company of the</b><br><b>State of Pennsylvania</b><br><b>PO Box 11590</b><br><b>Newark, NJ 07193-1590</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u><b>5195</b></u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input checked="" type="checkbox"/> Contingent<br><input checked="" type="checkbox"/> Unliquidated<br><input checked="" type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account/Insurance</b></u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u><b>Unknown</b></u> |
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| Debtor | <b>Apollo H.V.A.C. Corporation</b><br>Name | Case number (if known) _____ |
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| 3.97 | <b>Nonpriority creditor's name and mailing address</b><br><b>Ironbound Supply Co.</b><br><b>146 Jackson Street</b><br><b>PO Box 5210</b><br><b>Newark, NJ 07105</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account/The Allen-Stevenson School</b></u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$61,513.05</b> |
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| 3.98 | <b>Nonpriority creditor's name and mailing address</b><br><b>Islandaie</b><br><b>500 Middle Country Road</b><br><b>Saint James, NY 11780</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$51,824.10</b> |
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| 3.99 | <b>Nonpriority creditor's name and mailing address</b><br><b>J&amp;M Towing</b><br><b>19 Seabro Avenue</b><br><b>Amityville, NY 11701</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$146.64</b> |
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| 3.100 | <b>Nonpriority creditor's name and mailing address</b><br><b>J.K. Waste Oil Service</b><br><b>247 W. 5th Street</b><br><b>Deer Park, NY 11729</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$135.78</b> |
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| 3.101 | <b>Nonpriority creditor's name and mailing address</b><br><b>Jeffrey Donahue, P.E.</b><br><b>112 Budenos Drive</b><br><b>Sayville, NY 11782</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$6,400.00</b> |
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| 3.102 | <b>Nonpriority creditor's name and mailing address</b><br><b>Johnson Controls</b><br><b>PO Box 730068</b><br><b>Dallas, TX 75373</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$1,052,019.79</b> |
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| 3.103 | <b>Nonpriority creditor's name and mailing address</b><br><b>Johnstone Supply</b><br><b>845 East 138th Street</b><br><b>Bronx, NY 10454</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$19.55</b> |
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| Debtor | <b>Apollo H.V.A.C. Corporation</b><br>Name _____ | Case number (if known) _____ |
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| 3.104 | <b>Nonpriority creditor's name and mailing address</b><br><b>Kagan &amp; Cinton Inc.</b><br><b>210 River Street</b><br><b>Hackensack, NJ 07601</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$8,500.00</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.105 | <b>Nonpriority creditor's name and mailing address</b><br><b>KM Associates of NY Inc.</b><br><b>158 West 29th Street</b><br><b>7th Floor</b><br><b>New York, NY 10001</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$1,225.00</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.106 | <b>Nonpriority creditor's name and mailing address</b><br><b>L.P. Gan Sales Co.</b><br><b>100 East Second Street</b><br><b>Mineola, NY 11501</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$4,738.00</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.107 | <b>Nonpriority creditor's name and mailing address</b><br><b>Leidel Corp.</b><br><b>95 Orville Drive</b><br><b>Bohemia, NY 11716</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$1,385.95</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.108 | <b>Nonpriority creditor's name and mailing address</b><br><b>Lennox Industries, Inc.</b><br><b>PO Box 910549</b><br><b>Dallas, TX 75391</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$62,607.39</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.109 | <b>Nonpriority creditor's name and mailing address</b><br><b>LI &amp; NY Mechanical</b><br><b>Contractors</b><br><b>123 South Street</b><br><b>Suite 112</b><br><b>Oyster Bay, NY 11771</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$14,591.51</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.110 | <b>Nonpriority creditor's name and mailing address</b><br><b>Local 355, USWLMC</b><br><b>138-50 Queens Blvd.</b><br><b>Jamaica, NY 11435</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$10,379.00</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>other/union dues</b></u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| Debtor | <b>Apollo H.V.A.C. Corporation</b><br>Name | Case number (if known) _____ |
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| 3.111 | <b>Nonpriority creditor's name and mailing address</b><br><b>Long Island Pipe Supply</b><br><b>586 Commercial Avenue</b><br><b>Garden City, NY 11530</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$11,432.36</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.112 | <b>Nonpriority creditor's name and mailing address</b><br><b>Long Island R&amp;R Rigging</b><br><b>c/o Ingerman Smith LLP</b><br><b>150 Motor Parkway</b><br><b>Suite 400</b><br><b>Hauppauge, NY 11788</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$7,027.80</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Promissory Note</b></u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.113 | <b>Nonpriority creditor's name and mailing address</b><br><b>MA 2 Flags Contracting Co</b><br><b>25-18 100th Street</b><br><b>East Elmhurst, NY 11369</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$28,500.00</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.114 | <b>Nonpriority creditor's name and mailing address</b><br><b>Marlborro Group Int. LLC</b><br><b>28 East 28th Street</b><br><b>Concourse Level</b><br><b>New York, NY 10016</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span><br><input checked="" type="checkbox"/> Contingent<br><input checked="" type="checkbox"/> Unliquidated<br><input checked="" type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>East 88th Street Project</b></u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.115 | <b>Nonpriority creditor's name and mailing address</b><br><b>Mason Industry</b><br><b>PO Box 410</b><br><b>Smithtown, NY 11787</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$31,929.61</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.116 | <b>Nonpriority creditor's name and mailing address</b><br><b>MCN Distributors</b><br><b>300 N. Connecting Rd.</b><br><b>Islandia, NY 11749</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$81,970.08</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.117 | <b>Nonpriority creditor's name and mailing address</b><br><b>MCN Rigging</b><br><b>MCN Distributors Inc.</b><br><b>300 N. Connecting Road</b><br><b>Islandia, NY 11749</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$12,137.78</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| Debtor | <b>Apollo H.V.A.C. Corporation</b><br>Name _____ | Case number (if known) _____ |
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| 3.118 | <b>Nonpriority creditor's name and mailing address</b><br><b>Mechanical Services Inc.</b><br><b>250 5th Avenue</b><br><b>Suite 501</b><br><b>New York, NY 10001</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$111,507.18</b> |
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| 3.119 | <b>Nonpriority creditor's name and mailing address</b><br><b>Metal Master</b><br><b>2090 Fifth Avenue</b><br><b>Ronkonkoma, NY 11779</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$2,094.85</b> |
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| 3.120 | <b>Nonpriority creditor's name and mailing address</b><br><b>Metro Valve &amp; Actuation</b><br><b>241-02 Northern Blvd.</b><br><b>Suite 203</b><br><b>Little Neck, NY 11362</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$133,704.17</b> |
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| 3.121 | <b>Nonpriority creditor's name and mailing address</b><br><b>Miller Proctor Nicholas</b><br><b>2 Hudson Street</b><br><b>Tarrytown, NY 10591</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account/SB University/Aurora</b></u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$63,425.00</b> |
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| 3.122 | <b>Nonpriority creditor's name and mailing address</b><br><b>Mobile on Demand Storage</b><br><b>1055 Montauk Highway</b><br><b>Patchogue, NY 11772</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$604.26</b> |
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| 3.123 | <b>Nonpriority creditor's name and mailing address</b><br><b>MVC Controls, Inc.</b><br><b>111 Canfield Avenue</b><br><b>Suite A-13</b><br><b>Randolph, NJ 07869</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$1,400.00</b> |
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| 3.124 | <b>Nonpriority creditor's name and mailing address</b><br><b>NEFCO Corporation</b><br><b>PO Box 280186</b><br><b>East Hartford, CT 06128-0186</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$17,117.15</b> |
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| Debtor <b>Apollo H.V.A.C. Corporation</b><br><small>Name</small> | Case number (if known) _____ |
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| 3.125 | <b>Nonpriority creditor's name and mailing address</b><br><b>NYC Department of Finance</b><br><b>Church Street Station</b><br><b>PO Box 3640</b><br><b>New York, NY 10008-3640</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$115.00</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>Fine</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.126 | <b>Nonpriority creditor's name and mailing address</b><br><b>NYC Department of Finance</b><br><b>Church Street Station</b><br><b>PO Box 3600</b><br><b>New York, NY 10008-3600</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$225.00</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>Parking Ticket/Fine</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.127 | <b>Nonpriority creditor's name and mailing address</b><br><b>NYC Department of Finance</b><br><b>Church Street Station</b><br><b>PO Box 3600</b><br><b>New York, NY 10008-3600</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$50.00</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>Parking Ticket/Fine</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.128 | <b>Nonpriority creditor's name and mailing address</b><br><b>Oasis Auto Parts</b><br><b>81 Otis Street</b><br><b>West Babylon, NY 11704</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$201.75</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>Delinquent Account</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.129 | <b>Nonpriority creditor's name and mailing address</b><br><b>Office Depot</b><br><b>PO Box 88040</b><br><b>Chicago, IL 60680</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$1,984.64</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>Delinquent Account</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.130 | <b>Nonpriority creditor's name and mailing address</b><br><b>Optimum</b><br><b>PO Box 742698</b><br><b>Cincinnati, OH 45274-2698</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$2,019.32</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>Delinquent Account</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.131 | <b>Nonpriority creditor's name and mailing address</b><br><b>Parts Authority</b><br><b>550 Pine Aire Drive</b><br><b>Bay Shore, NY 11706</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$1,243.07</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>Delinquent Account</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| Debtor | <b>Apollo H.V.A.C. Corporation</b><br>Name _____ | Case number (if known) _____ |
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| 3.132 | <b>Nonpriority creditor's name and mailing address</b><br><b>Patriot Supply Inc.</b><br><b>20-22 West Mall</b><br><b>Plainview, NY 11803</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$22,368.25</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.133 | <b>Nonpriority creditor's name and mailing address</b><br><b>Pav-Lak Contracting Inc.</b><br><b>325 Marcus Boulevard</b><br><b>Hauppauge, NY 11788</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span><br><input checked="" type="checkbox"/> Contingent<br><input checked="" type="checkbox"/> Unliquidated<br><input checked="" type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Re: 540 Fulton Street, Brooklyn, NY</b></u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.134 | <b>Nonpriority creditor's name and mailing address</b><br><b>Pav-Lak Contracting Inc.</b><br><b>325 Marcus Boulevard</b><br><b>Hauppauge, NY 11788</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span><br><input checked="" type="checkbox"/> Contingent<br><input checked="" type="checkbox"/> Unliquidated<br><input checked="" type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Re: Briarwood Towers N&amp;S 134th Street 80-09 &amp; 81-09 134th Street, Briarwood, NY</b></u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.135 | <b>Nonpriority creditor's name and mailing address</b><br><b>Pedowitz Machinery Movers Inc.</b><br><b>3240 Lawrence Avenue</b><br><b>Oceanside, NY 11572</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$4,950.00</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.136 | <b>Nonpriority creditor's name and mailing address</b><br><b>Planet Kids</b><br><b>635 Middle Country Road</b><br><b>Coram, NY 11727</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$1,197.47</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.137 | <b>Nonpriority creditor's name and mailing address</b><br><b>Proactive Technology Grp</b><br><b>14 Plaza road</b><br><b>Greenvale, NY 11548</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$12,065.13</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.138 | <b>Nonpriority creditor's name and mailing address</b><br><b>Prof. Fire Services</b><br><b>2256 Laura Court</b><br><b>Merrick, NY 11566</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$380.73</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| Debtor | <b>Apollo H.V.A.C. Corporation</b><br>Name _____ | Case number (if known) _____ |
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| 3.139 | <b>Nonpriority creditor's name and mailing address</b><br><b>R&amp;R Landscaping</b><br><b>469 Lakeland Avenue</b><br><b>Sayville, NY 11782</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$1,086.25</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.140 | <b>Nonpriority creditor's name and mailing address</b><br><b>Radiance Auto Body</b><br><b>287 Bay Shore Road</b><br><b>Deer Park, NY 11729</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$4,640.07</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.141 | <b>Nonpriority creditor's name and mailing address</b><br><b>Reliable Wire &amp; Cable</b><br><b>9015 S. Kedzie Avenue</b><br><b>Unit B</b><br><b>Evergreen Park, IL 60805</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$4,432.32</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.142 | <b>Nonpriority creditor's name and mailing address</b><br><b>Rudy Holesek</b><br><b>225 N. Fehr Way</b><br><b>Bay Shore, NY 11706</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$1,430,605.79</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Loan</b></u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.143 | <b>Nonpriority creditor's name and mailing address</b><br><b>S.W. Anderson</b><br><b>63 Daniel Street</b><br><b>Farmingdale, NY 11735</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$28,262.66</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.144 | <b>Nonpriority creditor's name and mailing address</b><br><b>Seton Identification</b><br><b>Products</b><br><b>20 Thompson Road</b><br><b>PO Box 819</b><br><b>Branford, CT 06405</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$7,803.33</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.145 | <b>Nonpriority creditor's name and mailing address</b><br><b>Sid Harvey Industries Inc</b><br><b>605 Locust Street</b><br><b>Garden City, NY 11530</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$60,498.38</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| Debtor | <b>Apollo H.V.A.C. Corporation</b><br>Name | Case number (if known) _____ |
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| 3.146 | <b>Nonpriority creditor's name and mailing address</b><br><b>Spx Cooling Technologies</b><br><b>C/O Bank of America</b><br><b>PO Box 99038</b><br><b>Chicago, IL 60693</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$203.78</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.147 | <b>Nonpriority creditor's name and mailing address</b><br><b>SRS Electrical Consultants Inc.</b><br><b>281 Skip Lane</b><br><b>Suite 1</b><br><b>Bay Shore, NY 11706</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$3,715.79</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.148 | <b>Nonpriority creditor's name and mailing address</b><br><b>SRS Enterprises Inc.</b><br><b>14 Leonardville Road</b><br><b>Middletown, NJ 07748</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$195,655.89</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.149 | <b>Nonpriority creditor's name and mailing address</b><br><b>Staples Business Advantag</b><br><b>PO Box 105638</b><br><b>Atlanta, GA 30348-5638</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$2,670.78</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.150 | <b>Nonpriority creditor's name and mailing address</b><br><b>Stu Shapiro</b><br><b>c/o Abrams Fensterman</b><br><b>3 Dakota Drive</b><br><b>Suite 300</b><br><b>New Hyde Park, NY 11042</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$23,508.85</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Promissory Note</b></u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.151 | <b>Nonpriority creditor's name and mailing address</b><br><b>Stultz Air Tech. System</b><br><b>1572 Tilco Drive</b><br><b>Frederick, MD 21703</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$3,487.00</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| 3.152 | <b>Nonpriority creditor's name and mailing address</b><br><b>Suffolk Cty Comptroller</b><br><b>PO Box 778</b><br><b>Baltimore, MD 21203-0778</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$80.00</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Fine</b></u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
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| Debtor | <b>Apollo H.V.A.C. Corporation</b><br>Name | Case number (if known) |
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| 3.153 | <b>Nonpriority creditor's name and mailing address</b><br><b>Sunrise Electrical Svcs.</b><br><b>58-60 Cain Drive</b><br><b>Brentwood, NY 11717</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$57,694.63</b> |
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| 3.154 | <b>Nonpriority creditor's name and mailing address</b><br><b>Superior Sheetmetal Inc.</b><br><b>60Q Corbin Avenue</b><br><b>Bay Shore, NY 11706</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$720.00</b> |
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| 3.155 | <b>Nonpriority creditor's name and mailing address</b><br><b>Synovia Solutions</b><br><b>9330 Priority Way West Dr</b><br><b>Indianapolis, IN 46240</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$9,072.40</b> |
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| 3.156 | <b>Nonpriority creditor's name and mailing address</b><br><b>Tarter Krinsky &amp; Drogin</b><br><b>1350 Broadway</b><br><b>New York, NY 10018</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$4,154.49</b> |
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| 3.157 | <b>Nonpriority creditor's name and mailing address</b><br><b>Thermal Strategies Inc.</b><br><b>42-26 13th Street</b><br><b>Long Island City, NY 11101</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$95,848.50</b> |
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| 3.158 | <b>Nonpriority creditor's name and mailing address</b><br><b>Titan Scaffold &amp; Ladder Corp.</b><br><b>286 Broadway #A</b><br><b>Huntington Station, NY 11746</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$1,759.72</b> |
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| 3.159 | <b>Nonpriority creditor's name and mailing address</b><br><b>Town of Islip</b><br><b>Traffic Violations</b><br><b>40 Nassau Avenue</b><br><b>Islip, NY 11751</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Fine</b></u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$150.00</b> |
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| Debtor | <b>Apollo H.V.A.C. Corporation</b><br>Name | Case number (if known) _____ |
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| 3.160 | <b>Nonpriority creditor's name and mailing address</b><br><b>Trane</b><br><b>PO Box 406469</b><br><b>Atlanta, GA 30384</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u><b>\$74,790.71</b></u> |
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| 3.161 | <b>Nonpriority creditor's name and mailing address</b><br><b>Triweld Industries Inc.</b><br><b>65 South Second Street</b><br><b>Bay Shore, NY 11706</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u><b>\$3,025.62</b></u> |
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| 3.162 | <b>Nonpriority creditor's name and mailing address</b><br><b>Turtle &amp; Hughes</b><br><b>1900 Lower Road</b><br><b>Linden, NJ 07036</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number <u><b>1653</b></u> | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u><b>\$530.22</b></u> |
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| 3.163 | <b>Nonpriority creditor's name and mailing address</b><br><b>United Parcel Service</b><br><b>PO Box 7247-0244</b><br><b>Philadelphia, PA 19170-0001</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u><b>\$100.33</b></u> |
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| 3.164 | <b>Nonpriority creditor's name and mailing address</b><br><b>United Refrigeration</b><br><b>2301 Meacham Blvd.</b><br><b>Fort Worth, TX 76106</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u><b>\$4,261.14</b></u> |
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| 3.165 | <b>Nonpriority creditor's name and mailing address</b><br><b>United Service Workers</b><br><b>138-50 Queens Blvd.</b><br><b>Jamaica, NY 11435</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Dues</b></u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u><b>\$24,954.00</b></u> |
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| 3.166 | <b>Nonpriority creditor's name and mailing address</b><br><b>United Srv Worker</b><br><b>Security Division</b><br><b>138-50 Queens Blvd.</b><br><b>Jamaica, NY 11435</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Security Fund</b></u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u><b>\$120,381.73</b></u> |
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| Debtor | <b>Apollo H.V.A.C. Corporation</b><br>Name | Case number (if known) _____ |
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| 3.167 | <b>Nonpriority creditor's name and mailing address</b><br><b>United Welfare Fund</b><br><b>138-50 Queens Blvd.</b><br><b>Jamaica, NY 11435</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input checked="" type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>Life/Medical benefits</u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u><b>\$275,577.75</b></u> |
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| 3.168 | <b>Nonpriority creditor's name and mailing address</b><br><b>USI Insurance Services</b><br><b>333 Earle Ovington Blvd.</b><br><b>Suite 800</b><br><b>Uniondale, NY 11553</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>Delinquent Account</u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u><b>\$32,250.00</b></u> |
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| 3.169 | <b>Nonpriority creditor's name and mailing address</b><br><b>USI Insurance Services</b><br><b>333 Earle Ovington Blvd.</b><br><b>Suite 800</b><br><b>Uniondale, NY 11553</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>Delinquent Account</u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u><b>\$85,211.16</b></u> |
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| 3.170 | <b>Nonpriority creditor's name and mailing address</b><br><b>USI Insurance Services</b><br><b>333 Earle Ovington Blvd.</b><br><b>Suite 800</b><br><b>Uniondale, NY 11553</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>Delinquent Account</u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u><b>\$33,617.00</b></u> |
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| 3.171 | <b>Nonpriority creditor's name and mailing address</b><br><b>USW, JATF</b><br><b>138-50 Queens Blvd.</b><br><b>Jamaica, NY 11435</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>Delinquent Account</u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u><b>\$34,699.04</b></u> |
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| 3.172 | <b>Nonpriority creditor's name and mailing address</b><br><b>Vanguard Controls Inc.</b><br><b>1 Gold Mine Road</b><br><b>Flanders, NJ 07836-9123</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>Delinquent Account</u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u><b>\$11,461.44</b></u> |
|-------|--|--|---------------------------|

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|       |   |  |                          |
|-------|---|--|--------------------------|
| 3.173 | <b>Nonpriority creditor's name and mailing address</b><br><b>Verizon</b><br><b>PO Box 489</b><br><b>Newark, NJ 07101-0489</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u>Delinquent Account</u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u><b>\$4,956.00</b></u> |
|-------|---|--|--------------------------|

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|        |  |                              |
|--------|--|------------------------------|
| Debtor | <b>Apollo H.V.A.C. Corporation</b><br>Name | Case number (if known) _____ |
|--------|--|------------------------------|

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|       |  |  |
|-------|--|--|
| 3.174 | <b>Nonpriority creditor's name and mailing address</b><br><b>Vertigo Media Group</b><br><b>1593 Locust Avenue</b><br><b>Unit D</b><br><b>Bohemia, NY 11716</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$402.50</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
|-------|--|--|

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|       |  |  |
|-------|--|--|
| 3.175 | <b>Nonpriority creditor's name and mailing address</b><br><b>Vertiv Corporation</b><br><b>125 Newtown Road</b><br><b>Suite 360</b><br><b>Plainview, NY 11803</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$172,238.04</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
|-------|--|--|

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|       |   |   |
|-------|---|---|
| 3.176 | <b>Nonpriority creditor's name and mailing address</b><br><b>Volmar Construction Inc.</b><br><b>4400 Second Avenue</b><br><b>Brooklyn, NY 11232</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span><br><input checked="" type="checkbox"/> Contingent<br><input checked="" type="checkbox"/> Unliquidated<br><input checked="" type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u><b>PS 199 Project</b></u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
|-------|---|---|

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|       |   |  |
|-------|---|--|
| 3.177 | <b>Nonpriority creditor's name and mailing address</b><br><b>W.B. Mason Co., Inc.</b><br><b>PO Box 981101</b><br><b>Boston, MA 02298-1101</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$384.45</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
|-------|---|--|

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|       |  |  |
|-------|--|--|
| 3.178 | <b>Nonpriority creditor's name and mailing address</b><br><b>W.H.M. Plumbing</b><br><b>&amp; Heating Contractors</b><br><b>6 H Enterprise Drive</b><br><b>East Setauket, NY 11733</b><br>Date(s) debt was incurred <u><b>2019</b></u><br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$4,160.00</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u><b>Delinquent Account/SBU Innovation &amp; Discovery Center</b></u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
|-------|--|--|

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|       |  |  |
|-------|--|--|
| 3.179 | <b>Nonpriority creditor's name and mailing address</b><br><b>Wesco Distribution</b><br><b>500 Prime Place</b><br><b>Hauppauge, NY 11788-0504</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$398.04</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
|-------|--|--|

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|       |  |   |
|-------|--|---|
| 3.180 | <b>Nonpriority creditor's name and mailing address</b><br><b>Wrap N Snap, LLC</b><br><b>PO Box 222100</b><br><b>Great Neck, NY 11022</b><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$60,500.00</b></span><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
|-------|--|---|

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|        |  |                        |
|--------|--|------------------------|
| Debtor | <b>Apollo H.V.A.C. Corporation</b><br>Name | Case number (if known) |
|--------|--|------------------------|

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|       |   |   |                   |
|-------|---|---|-------------------|
| 3.181 | <b>Nonpriority creditor's name and mailing address</b><br><b>York by Johnson Controls</b><br><b>631 S. Richland Avenue</b><br><b>York, PA 17403</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$8,150.00</b> |
|-------|---|---|-------------------|

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|       |  |   |                   |
|-------|--|---|-------------------|
| 3.182 | <b>Nonpriority creditor's name and mailing address</b><br><b>York Unitary Products</b><br><b>PO Box 30671</b><br><b>New York, NY 10087</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$8,024.21</b> |
|-------|--|---|-------------------|

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|       |   |   |                   |
|-------|---|---|-------------------|
| 3.183 | <b>Nonpriority creditor's name and mailing address</b><br><b>Zisholtz &amp; Zisholtz, LLP</b><br><b>200 Garden City Plaza</b><br><b>Garden City, NY 11530</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | <b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Basis for the claim:</b> <u><b>Delinquent Account</b></u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$8,200.00</b> |
|-------|---|---|-------------------|

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

|     | Name and mailing address   | On which line in Part 1 or Part 2 is the related creditor (if any) listed?        | Last 4 digits of account number, if any |
|-----|--|---|---|
| 4.1 | <b>Aaron Shriftman</b><br><b>Arbitrator/Mediator</b><br><b>4100 43rd Avenue</b><br><b>Apt. 4AW</b><br><b>Sunnyside, NY 11104</b> | Line <u><b>3.167</b></u><br><br><input type="checkbox"/> Not listed. Explain ____ | —                                       |
| 4.2 | <b>Aurora Contractors Inc.</b><br><b>100 Raynor Avenue</b><br><b>Ronkonkoma, NY 11779</b>  | Line <u><b>3.86</b></u><br><br><input type="checkbox"/> Not listed. Explain ____  | —                                       |
| 4.3 | <b>Aurora Contractors Inc.</b><br><b>100 Raynor Avenue</b><br><b>Ronkonkoma, NY 11779</b>  | Line <u><b>3.39</b></u><br><br><input type="checkbox"/> Not listed. Explain ____  | —                                       |
| 4.4 | <b>Caine &amp; Weiner</b><br><b>5805 Sepulveda Blvd.</b><br><b>4th Floor</b><br><b>Van Nuys, CA 91411</b>                        | Line <u><b>3.162</b></u><br><br><input type="checkbox"/> Not listed. Explain ____ | <u><b>1653</b></u>                      |
| 4.5 | <b>Forchelli Deegan Terrana</b><br><b>333 Earle Ovington Blvd.</b><br><b>Suite 1010</b><br><b>Uniondale, NY 11553</b>            | Line <u><b>3.86</b></u><br><br><input type="checkbox"/> Not listed. Explain ____  | —                                       |
| 4.6 | <b>Forchelli Deegan Terrana</b><br><b>333 Earle Ovington Blvd.</b><br><b>Suite 1010</b><br><b>Uniondale, NY 11553</b>            | Line <u><b>3.39</b></u><br><br><input type="checkbox"/> Not listed. Explain ____  | —                                       |

| Debtor <b>Apollo H.V.A.C. Corporation</b> |  | Case number (if known) _____   |   |
|---|--|--|---|
| Name                                      |  |  |   |
|   | Name and mailing address   | On which line in Part 1 or Part 2 is the related creditor (if any) listed? | Last 4 digits of account number, if any |
| 4.7                                       | <b>Forchelli Deegan Terrana</b><br>333 Earle Ovington Blvd.<br>Suite 1010<br>Uniondale, NY 11553   | Line <u>3.5</u><br><input type="checkbox"/> Not listed. Explain _____      | —                                       |
| 4.8                                       | <b>Gerard DeGregoris, Jr.</b><br>Attorney At Law<br>145 Willis Avenue<br>Mineola, NY 11501         | Line <u>3.132</u><br><input type="checkbox"/> Not listed. Explain _____    | —                                       |
| 4.9                                       | <b>Johnson Controls</b><br>5757 N. Greenbay Ave. LD9<br>Milwaukee, WI 53209                        | Line <u>3.102</u><br><input type="checkbox"/> Not listed. Explain _____    | —                                       |
| 4.10                                      | <b>June Connolly, Esq.</b><br>6 Enterprise Drive<br>Suite H<br>East Setauket, NY 11733             | Line <u>3.178</u><br><input type="checkbox"/> Not listed. Explain _____    | —                                       |
| 4.11                                      | <b>Kushnick Pallaci, PLLC</b><br>630 Johnson Avenue<br>Suite 201<br>Bohemia, NY 11716              | Line <u>3.97</u><br><input type="checkbox"/> Not listed. Explain _____     | —                                       |
| 4.12                                      | <b>LI R&amp;R Rigging</b><br>125 S. Second Street<br>Unit 1<br>Bay Shore, NY 11706                 | Line <u>3.112</u><br><input type="checkbox"/> Not listed. Explain _____    | —                                       |
| 4.13                                      | <b>Marshall M. Stern, P.C.</b><br>17 Cardiff Court<br>Huntington Station, NY 11746                 | Line <u>3.39</u><br><input type="checkbox"/> Not listed. Explain _____     | —                                       |
| 4.14                                      | <b>McElroy, Deutsch, et al.</b><br>1300 Mt. Kemble Avenue<br>PO Box 2075<br>Morristown, NJ 07962   | Line <u>3.143</u><br><input type="checkbox"/> Not listed. Explain _____    | —                                       |
| 4.15                                      | <b>NYS Office of Comptroller</b><br>110 State Street<br>10th Fl. Offset Unit<br>NY 12360           | Line <u>3.86</u><br><input type="checkbox"/> Not listed. Explain _____     | —                                       |
| 4.16                                      | <b>NYS Office of Comptroller</b><br>110 State Street<br>10th Fl. Offset Unit<br>NY 12360           | Line <u>3.39</u><br><input type="checkbox"/> Not listed. Explain _____     | —                                       |
| 4.17                                      | <b>Rosenberg, Fortuna &amp; Lait</b><br>666 Old Country Rd<br>Suite 810<br>Garden City, NY 11530   | Line <u>3.54</u><br><input type="checkbox"/> Not listed. Explain _____     | —                                       |
| 4.18                                      | <b>Rosenthal &amp; Goldhaber, PC</b><br>1393 Veterans Highway<br>Suite 212N<br>Hauppauge, NY 11788 | Line <u>3.20</u><br><input type="checkbox"/> Not listed. Explain _____     | —                                       |

| Debtor <b>Apollo H.V.A.C. Corporation</b> |   | Case number (if known) _____   |   |
|---|---|--|---|
| Name                                      |   |  |   |
|   | Name and mailing address  | On which line in Part 1 or Part 2 is the related creditor (if any) listed?     | Last 4 digits of account number, if any |
| 4.19                                      | <b>Rothman Rocco<br/>Laruffa LLP<br/>3 West Main Street<br/>Suite 200<br/>Elmsford, NY 10523</b>            | Line <u><b>3.167</b></u><br><input type="checkbox"/> Not listed. Explain _____ | —                                       |
| 4.20                                      | <b>Secretary of State<br/>Attn: Kenneth Adler<br/>425 Broadhollow Road<br/>Huntington Station, NY 11746</b> | Line <u><b>3.167</b></u><br><input type="checkbox"/> Not listed. Explain _____ | —                                       |
| 4.21                                      | <b>State University of NY<br/>Attn: Legal Dept.<br/>353 Broadway<br/>Albany, NY 12246</b>                   | Line <u><b>3.86</b></u><br><input type="checkbox"/> Not listed. Explain _____  | —                                       |
| 4.22                                      | <b>State University of NY<br/>Attn: Legal Dept.<br/>353 Broadway<br/>Albany, NY 12246</b>                   | Line <u><b>3.39</b></u><br><input type="checkbox"/> Not listed. Explain _____  | —                                       |
| 4.23                                      | <b>Stony Brook University<br/>1100 University Road<br/>Stony Brook, NY 11790</b>                            | Line <u><b>3.102</b></u><br><input type="checkbox"/> Not listed. Explain _____ | —                                       |
| 4.24                                      | <b>Stu Shapiro<br/>1 Hancock Court<br/>Centereach, NY 11720</b>   | Line <u><b>3.150</b></u><br><input type="checkbox"/> Not listed. Explain _____ | —                                       |
| 4.25                                      | <b>Taroff &amp; Taitz, LLP<br/>One Corporate Drive<br/>Suite 102<br/>Bohemia, NY 11716</b>                  | Line <u><b>3.181</b></u><br><input type="checkbox"/> Not listed. Explain _____ | <u><b>8002</b></u>                      |
| 4.26                                      | <b>Transworld Systems<br/>Collection Agency<br/>500 Virginia Dr., #514<br/>Fort Washington, PA 19034</b>    | Line <u><b>3.145</b></u><br><input type="checkbox"/> Not listed. Explain _____ | <u><b>3706</b></u>                      |
| 4.27                                      | <b>Welby Brady &amp; Greenblatt<br/>11 Martine Avenue, PH<br/>White Plains, NY 10606</b>                    | Line <u><b>3.121</b></u><br><input type="checkbox"/> Not listed. Explain _____ | <u><b>0001</b></u>                      |
| 4.28                                      | <b>Westminster Legal Group<br/>4220 Duncan Avenue<br/>Suite 201<br/>Saint Louis, MO 63110-2972</b>          | Line <u><b>3.16</b></u><br><input type="checkbox"/> Not listed. Explain _____  | <u><b>1170</b></u>                      |
| 4.29                                      | <b>Zisholtz &amp; Zisholtz, LLP<br/>200 Garden City Plaza<br/>Garden City, NY 11530</b>                     | Line <u><b>3.32</b></u><br><input type="checkbox"/> Not listed. Explain _____  | —                                       |

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

|                              | Total of claim amounts |                            |
|------------------------------|------------------------|----------------------------|
| 5a. Total claims from Part 1 | 5a. \$                 | <u><b>308,509.58</b></u>   |
| 5b. Total claims from Part 2 | 5b. + \$               | <u><b>9,589,115.03</b></u> |

Debtor **Apollo H.V.A.C. Corporation**  
Name

Case number (if known) \_\_\_\_\_

**5c. Total of Parts 1 and 2**  
Lines 5a + 5b = 5c.

5c.

\$ **9,897,624.61**

**Fill in this information to identify the case:**Debtor name **Apollo H.V.A.C. Corporation**United States Bankruptcy Court for the: **EASTERN DISTRICT OF NEW YORK**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases****12/15****Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.****1. Does the debtor have any executory contracts or unexpired leases?**☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).*Property***2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**2.1. State what the contract or lease is for and the nature of the debtor's interest **2014 GMC Savana**State the term remaining **1/14/20**

List the contract number of any government contract \_\_\_\_\_

**Ally  
Payment Processing Center  
PO Box 78369  
Phoenix, AZ 85062**2.2. State what the contract or lease is for and the nature of the debtor's interest **2014 GMC Savana**State the term remaining **1/14/20**

List the contract number of any government contract \_\_\_\_\_

**Ally  
Payment Processing Center  
PO Box 78369  
Phoenix, AZ 85062**2.3. State what the contract or lease is for and the nature of the debtor's interest **sublease between  
Apollo H.V.A.C. - part of  
commercial premises**State the term remaining **12-31-2022**

List the contract number of any government contract \_\_\_\_\_

**Bulldog Sheetmetal Corp.  
227 N. Fehr Way  
Bay Shore, NY 11706**2.4. State what the contract or lease is for and the nature of the debtor's interest **2018 Lincoln MKC**State the term remaining **12/1/20**

List the contract number of any government contract \_\_\_\_\_

**CAB EAST, LLC  
PO Box 105704  
Atlanta, GA 30348**

Debtor 1 **Apollo H.V.A.C. Corporation**

First Name

Middle Name

Last Name

Case number (if known)

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5. State what the contract or lease is for and the nature of the debtor's interest **Plotwave**

State the term remaining

List the contract number of any government contract

**Canon Financial Services**  
**PO Box 5008**  
**Mount Laurel, NJ 08054**

2.6. State what the contract or lease is for and the nature of the debtor's interest **2016 GMC Canyon**

State the term remaining **3/17/22**

List the contract number of any government contract

**Citizens One Auto Finance**  
**PO Box 42113**  
**Providence, RI 02940-2113**

2.7. State what the contract or lease is for and the nature of the debtor's interest **Copiers**

State the term remaining **1/20**

List the contract number of any government contract

**De Lange Landen Financial**  
**PO Box 41602**  
**Philadelphia, PA 19101-1602**

2.8. State what the contract or lease is for and the nature of the debtor's interest **2017 Cadillac CT5**

State the term remaining **6/1/20**

List the contract number of any government contract

**GM Financial Leasing**  
**75 Remittance Drive**  
**Suite 1738**  
**Chicago, IL 60675-1738**

2.9. State what the contract or lease is for and the nature of the debtor's interest **2017 Acadia**

State the term remaining **6/1/20**

List the contract number of any government contract

**GM Financial Leasing**  
**75 Remittance Drive**  
**Suite 1738**  
**Chicago, IL 60675-1738**

2.10. State what the contract or lease is for and the nature of the debtor's interest **2019 Cadillac Escalade**

State the term remaining **6/1/21**

List the contract number of any

**GM Financial Leasing**  
**75 Remittance Drive**  
**Suite 1738**  
**Chicago, IL 60675-1738**

Debtor 1 **Apollo H.V.A.C. Corporation**

First Name

Middle Name

Last Name

Case number (if known)

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

government contract

2.11. State what the contract or lease is for and the nature of the debtor's interest **commercial premises**

State the term remaining

List the contract number of any government contract

**R&T Holding  
225 N. Fehr Way  
Bay Shore, NY 11706**

2.12. State what the contract or lease is for and the nature of the debtor's interest **2016 Volvo XC90**

State the term remaining

**2 months**

List the contract number of any government contract

**Volvo Car Financial  
Services  
PO Box 91300  
Mobile, AL 36691-1300**

**Fill in this information to identify the case:**Debtor name **Apollo H.V.A.C. Corporation**United States Bankruptcy Court for the: **EASTERN DISTRICT OF NEW YORK**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 206H  
Schedule H: Your Codebtors****12/15****Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.****1. Do you have any codebtors?**☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.***Column 1: Codebtor**Column 2: Creditor***Name****Mailing Address****Name***Check all schedules that apply:*2.1 **Anthony Dorsa****225 N. Fehr Way  
Bay Shore, NY 11706****Empire National  
Bank**☒ D **2.1**☐ E/F \_\_\_\_\_☐ G \_\_\_\_\_2.2 **Rudy Holesek****225 N. Fehr Way  
Bay Shore, NY 11706****Empire National  
Bank**☒ D **2.1**☐ E/F \_\_\_\_\_☐ G \_\_\_\_\_2.3 **Anthony Dorsa****225 N. Fehr Way  
Bay Shore, NY 11706****Volvo Car Financial**☐ D \_\_\_\_\_☐ E/F \_\_\_\_\_☒ G **2.12**2.4 **Anthony Dorsa****225 N. Fehr Way  
Bay Shore, NY 11706****GM Financial Leasing**☐ D \_\_\_\_\_☐ E/F \_\_\_\_\_☒ G **2.8**2.5 **Anthony Dorsa****225 N. Fehr Way  
Bay Shore, NY 11706****GM Financial Leasing**☐ D \_\_\_\_\_☐ E/F \_\_\_\_\_☒ G **2.9**



**Fill in this information to identify the case:**Debtor name **Apollo H.V.A.C. Corporation**United States Bankruptcy Court for the: EASTERN DISTRICT OF NEW YORK

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/19

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

**Part 1: Income****1. Gross revenue from business**☐ None.**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year****From the beginning of the fiscal year to filing date:**From **1/01/2019** to **Filing Date****Sources of revenue**

Check all that apply

☒ Operating a business☐ Other \_\_\_\_\_**Gross revenue**

(before deductions and exclusions)

**\$13,130,661.00****2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☐ None.**Description of sources of revenue****Gross revenue from****each source**  
(before deductions and exclusions)**From the beginning of the fiscal year to filing date:**From **1/01/2019** to **Filing Date****rental income****\$23,333.36****Part 2: List Certain Transfers Made Before Filing for Bankruptcy****3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.**Creditor's Name and Address****Dates****Total amount of value****Reasons for payment or transfer***Check all that apply*

3.1.

**Various  
DEBTOR WILL PROVIDE****DEBTOR  
WILL  
PROVIE****\$0.00**

- ☐ Secured debt
- ☐ Unsecured loan repayments
- ☐ Suppliers or vendors
- ☐ Services
- ☐ Other \_\_\_\_\_

Debtor **Apollo H.V.A.C. Corporation**

Case number (if known) \_\_\_\_\_

**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None.

| Insider's name and address<br>Relationship to debtor | Dates | Total amount of value | Reasons for payment or transfer |
|--|-------|-----------------------|---------------------------------|
|--|-------|-----------------------|---------------------------------|

**5. Repossessions, foreclosures, and returns**

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

| Creditor's name and address | Describe of the Property | Date | Value of property |
|-----------------------------|--------------------------|------|-------------------|
|-----------------------------|--------------------------|------|-------------------|

**6. Setoffs**

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

| Creditor's name and address | Description of the action creditor took | Date action was taken | Amount |
|-----------------------------|---|-----------------------|--------|
|-----------------------------|---|-----------------------|--------|

**Part 3: Legal Actions or Assignments****7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

|      | Case title<br>Case number  | Nature of case | Court or agency's name and address | Status of case  |
|------|--|----------------|------------------------------------|---|
| 7.1. | <b>S.W. Anderson Sales Corp. v. Apollo H.V.A.C. Corporation</b><br>616672/2019                                       | Collection     | Supreme Court, Suffolk County      | <input checked="" type="checkbox"/> Pending<br><input type="checkbox"/> On appeal<br><input type="checkbox"/> Concluded |
| 7.2. | <b>York International Corporation d/b/a York by Johnson Controls v. Apollo Air Conditioning Corp.</b><br>614954/2019 | Collection     | Supreme Court, Suffolk County      | <input checked="" type="checkbox"/> Pending<br><input type="checkbox"/> On appeal<br><input type="checkbox"/> Concluded |
| 7.3. | <b>Albert Weiss Air Conditioning Products, Inc. v. Apollo H.V.A.C. Corporation</b><br>616988/2019                    | Collection     | Supreme Court, Suffolk County      | <input checked="" type="checkbox"/> Pending<br><input type="checkbox"/> On appeal<br><input type="checkbox"/> Concluded |

Debtor **Apollo H.V.A.C. Corporation**

Case number (if known) \_\_\_\_\_

|      | Case title<br>Case number  | Nature of case  | Court or agency's name and address | Status of case  |
|------|--|-----------------|------------------------------------|---|
| 7.4. | In Re The Trust created by lien law Article 3-a as a result of monies received by Apollo H.V.A.C. Corporation, As Trustee for labor materials provided to the project known as Innovation & Discovery Center, SUNY Stony Brook, NY | Collection/Lien | Supreme Court, Suffolk County      | <input checked="" type="checkbox"/> Pending<br><input type="checkbox"/> On appeal<br><input type="checkbox"/> Concluded |
| 7.5. | Aurora Contractors, Inc. v. Apollo H.V.A.C. Corporation, Rudolph Holesek, Anthony Dorsa, Daniel Davidson and Bulldog Sheet Metal Corp. 617860/2019   | Collection      | Supreme Court, Suffolk County      | <input checked="" type="checkbox"/> Pending<br><input type="checkbox"/> On appeal<br><input type="checkbox"/> Concluded |

**8. Assignments and receivership**

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None
**Part 4: Certain Gifts and Charitable Contributions****9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**
☐ None

|      | Recipient's name and address      | Description of the gifts or contributions | Dates given | Value      |
|------|-----------------------------------|---|-------------|------------|
| 9.1. | AFRMC                             | \$2,500                                   | 2017-2019   | \$2,500.00 |
|      | Recipients relationship to debtor |   |             |            |
| 9.2. | Hospice Care Network              | \$1,000                                   | 3/19/18     | \$1,000.00 |
|      | Recipients relationship to debtor |   |             |            |
| 9.3. | Bolton Center YMCA                | \$1,300                                   | 10/24/18    | \$1,300.00 |
|      | Recipients relationship to debtor |   |             |            |

**Part 5: Certain Losses****10. All losses from fire, theft, or other casualty within 1 year before filing this case.**
☒ None

Debtor **Apollo H.V.A.C. Corporation**

Case number (if known)

**Description of the property lost and how the loss occurred****Amount of payments received for the loss**

If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.

List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).

**Dates of loss****Value of property lost****Part 6: Certain Payments or Transfers****11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.**Who was paid or who received the transfer?  
Address****If not money, describe any property transferred****Dates****Total amount or value**11.1. **Macco Law Group, LLP**  
**2950 Express Drive South**  
**Suite 109**  
**Islandia, NY 11749****For services rendered in connection with this instant filing \$30,000.00. Filing fee \$335.00. See 2016(b) Statement attached.****8/27/19****\$30,000.00****Email or website address****Who made the payment, if not debtor?****12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device. Do not include transfers already listed on this statement.

☒ None.**Name of trust or device****Describe any property transferred****Dates transfers were made****Total amount or value****13. Transfers not already listed on this statement**

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☐ None.**Who received transfer?  
Address****Description of property transferred or payments received or debts paid in exchange****Date transfer was made****Total amount or value**13.1 **GMC, Volvo****returned leased vehicles****Sept. 2019****\$0.00****Relationship to debtor**13.2 **Third Parties****Sold 26 vehicles****Sept. 2019****\$102,900.00****Relationship to debtor****Part 7: Previous Locations**

Debtor **Apollo H.V.A.C. Corporation**

Case number (if known)

**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

| Address | Dates of occupancy<br>From-To |
|---------|-------------------------------|
|---------|-------------------------------|

**Part 8: Health Care Bankruptcies****15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☐ No. Go to Part 9.
- ☐ Yes. Fill in the information below.

| Facility name and address | Nature of the business operation, including type of services the debtor provides | If debtor provides meals and housing, number of patients in debtor's care |
|---------------------------|--|---|
|---------------------------|--|---|

**Part 9: Personally Identifiable Information****16. Does the debtor collect and retain personally identifiable information of customers?**

- ☐ No.
- ☐ Yes. State the nature of the information collected and retained.

**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**

- ☐ No. Go to Part 10.
- ☐ Yes. Does the debtor serve as plan administrator?

**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units****18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ None

| Financial Institution name and Address | Last 4 digits of account number | Type of account or instrument | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
|--|---------------------------------|-------------------------------|--|---|
|--|---------------------------------|-------------------------------|--|---|

**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☐ None

| Depository institution name and address | Names of anyone with access to it Address | Description of the contents | Do you still have it? |
|---|---|-----------------------------|-----------------------|
|---|---|-----------------------------|-----------------------|

**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

Debtor **Apollo H.V.A.C. Corporation**

Case number (if known) \_\_\_\_\_

☐ None

| Facility name and address | Names of anyone with access to it | Description of the contents | Do you still have it? |
|---------------------------|-----------------------------------|-----------------------------|-----------------------|
|---------------------------|-----------------------------------|-----------------------------|-----------------------|

**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own****21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☐ None**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

*Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

*Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

*Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

- ☐ No.  
☐ Yes. Provide details below.

| Case title<br>Case number | Court or agency name and address | Nature of the case | Status of case |
|---------------------------|----------------------------------|--------------------|----------------|
|---------------------------|----------------------------------|--------------------|----------------|

**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

- ☐ No.  
☐ Yes. Provide details below.

| Site name and address | Governmental unit name and address | Environmental law, if known | Date of notice |
|-----------------------|------------------------------------|-----------------------------|----------------|
|-----------------------|------------------------------------|-----------------------------|----------------|

**24. Has the debtor notified any governmental unit of any release of hazardous material?**

- ☐ No.  
☐ Yes. Provide details below.

| Site name and address | Governmental unit name and address | Environmental law, if known | Date of notice |
|-----------------------|------------------------------------|-----------------------------|----------------|
|-----------------------|------------------------------------|-----------------------------|----------------|

**Part 13: Details About the Debtor's Business or Connections to Any Business****25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☐ None

Debtor **Apollo H.V.A.C. Corporation**

Case number (if known)

**Business name address****Describe the nature of the business****Employer Identification number**

Do not include Social Security number or ITIN.

**Dates business existed****26. Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None**Name and address****Date of service  
From-To**

26a.1. **Ceshini CPA's Tax & Advisory PLLC**  
**54 North Country Road**  
**Miller Place, NY 11764**

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☐ None**Name and address****Date of service  
From-To**

26b.1. **Ceshini CPA's Tax & Advisory PLLC**  
**54 North Country Road**  
**Miller Place, NY 11764**

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None**Name and address****If any books of account and records are  
unavailable, explain why**

26c.1. **Ceshini CPA's Tax & Advisory PLLC**  
**54 North Country Road**  
**Miller Place, NY 11764**

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None**Name and address**

26d.1. **Empire National Bank**  
**1707 Veterans Mem. Hwy**  
**Suite 8**  
**Islandia, NY 11749**

26d.2. **USI Insurance Services**  
**4605 Columbus Street**  
**Virginia Beach, VA 23456**

**27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No☐ Yes. Give the details about the two most recent inventories.**Name of the person who supervised the taking of the  
inventory****Date of inventory****The dollar amount and basis (cost, market,  
or other basis) of each inventory****28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.**

Debtor **Apollo H.V.A.C. Corporation**

Case number (if known) \_\_\_\_\_

| Name         | Address | Position and nature of any interest | % of interest, if any |
|--------------|---------|-------------------------------------|-----------------------|
| Rudy Holesek |         | President                           | 50                    |

| Name          | Address | Position and nature of any interest | % of interest, if any |
|---------------|---------|-------------------------------------|-----------------------|
| Anthony Dorsa |         | Vice-President                      | 50                    |

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☒ No  
☐ Yes. Identify below.

30. **Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☒ No  
☐ Yes. Identify below.

| Name and address of recipient | Amount of money or description and value of property | Dates | Reason for providing the value |
|-------------------------------|--|-------|--------------------------------|
|-------------------------------|--|-------|--------------------------------|

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No  
☐ Yes. Identify below.

| Name of the parent corporation | Employer Identification number of the parent corporation |
|--------------------------------|--|
|--------------------------------|--|

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No  
☐ Yes. Identify below.

| Name of the pension fund | Employer Identification number of the parent corporation |
|--------------------------|--|
|--------------------------|--|



Debtor **Apollo H.V.A.C. Corporation**

Case number (if known) \_\_\_\_\_

**Part 14: Signature and Declaration**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **October 10, 2019**

**/s/ Rudy Holesek**

Signature of individual signing on behalf of the debtor

**Rudy Holesek**

Printed name

Position or relationship to debtor **President**

**Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?**

☒ No

☐ Yes

B2030 (Form 2030) (12/15)

**United States Bankruptcy Court**  
**Eastern District of New York**

In re **Apollo H.V.A.C. Corporation**

Debtor(s)

Case No.

Chapter

**7**

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:
 

|   |    |                         |
|---|----|-------------------------|
| For legal services, I have agreed to accept .....           | \$ | <u><b>30,000.00</b></u> |
| Prior to the filing of this statement I have received ..... | \$ | <u><b>29,665.00</b></u> |
| Balance Due .....   | \$ | <u><b>335.00</b></u>    |
2. \$ **335.00** of the filing fee has been paid.
3. The source of the compensation paid to me was:
 

☒ Debtor      ☐ Other (specify):
4. The source of compensation to be paid to me is:
 

☒ Debtor      ☐ Other (specify):
5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.  
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.
6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
  - a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
  - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
  - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
  - d. [Other provisions as needed]

**Exemption planning; preparation and filing of reaffirmation agreements and applications as needed**
7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:  
**Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**October 10, 2019**

Date

**/s/ Michael J. Macco****Michael J. Macco**

Signature of Attorney

**Macco Law Group, LLP****2950 Express Drive South****Suite 109****Islandia, NY 11749****631-549-7900 Fax: 631-549-7845**

Name of law firm

**United States Bankruptcy Court  
Eastern District of New York**

In re **Apollo H.V.A.C. Corporation**

Debtor(s)

Case No.

Chapter

**7**

**VERIFICATION OF CREDITOR MATRIX**

The above named debtor(s) or attorney for the debtor(s) hereby verify that the attached matrix (list of creditors) is true and correct to the best of their knowledge.

Date: **October 10, 2019**

**/s/ Rudy Holesek**

**Rudy Holesek/President**

Signer/Title

Date: **October 10, 2019**

**/s/ Michael J. Macco**

Signature of Attorney

**Michael J. Macco**

**Macco Law Group, LLP**

**2950 Express Drive South**

**Suite 109**

**Islandia, NY 11749**

**631-549-7900 Fax: 631-549-7845**

1-800 Radiator & A/C  
101 Cleveland Avenue  
Bay Shore, NY 11706

300 Hampton Road  
300 Hampton Road  
Southampton, NY 11968

A&J Crane  
121 Wyandanch Avenue  
Wyandanch, NY 11798

A.D.E. Systems  
150 Albany Avenue  
Freeport, NY 11520

Aaron Shriftman  
Arbitrator/Mediator  
4100 43rd Avenue  
Apt. 4AW  
Sunnyside, NY 11104

ABCO Refrigeration  
49-70 31st Street  
Long Island City, NY 11101

Able Equipment Rental  
1050 Grand Blvd.  
Deer Park, NY 11729

ABS Pump Repair  
89 Allen Blvd.  
Farmingdale, NY 11735

ACA Waste Services  
40 Eads Street  
West Babylon, NY 11704

Accuspec, Inc.  
21 Commerce Drive  
Danbury, CT 06810

Ace Hardware  
770-14 Grand Blvd.  
Deer Park, NY 11729

ADP, LLC  
One ADP Drive MS-100  
Atlanta, GA 30309

Advanced Control Solution  
580 Pine Aire Drive  
Bay Shore, NY 11706

Aerotek  
290 broadhollow Road  
Suite 310E  
Melville, NY 11747

AFCO Insurance  
5600 N. River Road  
Suite 400  
Des Plaines, IL 60018-5187

Air Cleaning Specialists  
826 Horan Drive  
Fenton, MO 63026

Air Control Supply Co.  
1580 Lakeland Avenue  
Bohemia, NY 11716

Air Weld  
94 Marine Street  
Farmingdale, NY 11735

Alarm Management  
Program of SU  
30 Yaphank Avenue  
Yaphank, NY 11980

Albert Weiss Air  
Conditioning Products Inc  
270 Madison Avenue  
Suite 1805  
New York, NY 10016

All City Testing  
& Balancing  
2876 Milburn Avenue  
Baldwin, NY 11510

All County Crane  
& Rigging  
94 Bellport Avenue  
Yaphank, NY 11980

All Island Auto Glass  
333 Larkfield Road  
East Northport, NY 11731

Alldata  
PO Box 848379  
Dallas, TX 75284-8379

Allen-Stevenson School  
132 East 78th Street  
New York, NY 10075

Allstate Communications  
PO Box 750  
Massapequa Park, NY 11762

Ally  
Payment Processing Center  
PO Box 78369  
Phoenix, AZ 85062

American Express  
PO Box 1270  
Newark, NJ 07101-1270

American Pride  
Contracting Inc.  
12 Franco Avenue  
Selden, NY 11784

Andrew M. DeStefano  
270 Shore Road, Apt. 29  
Long Beach, NY 11561

Angela Ross  
106 Forest Avenue  
West Babylon, NY 11704

Anthony Dorsa  
225 N. Fehr Way  
Bay Shore, NY 11706

Argonaut  
610 Walnut Avenue  
Bohemia, NY 11716

Arlan Damper Corp.  
1598 Lakeland Avenue  
Bohemia, NY 11716

Aurora Contractors Inc.  
100 Raynor Avenue  
Ronkonkoma, NY 11779

Aurora Contractors, Inc.  
c/o Forchelli Deegan LLP  
333 Earle Ovington Blvd.  
Suite 1010  
Uniondale, NY 11553

B&F Johnstone Supply  
135 Schmitt Blvd.  
Farmingdale, NY 11735

Bank of America  
PO Box 15796  
Wilmington, DE 19886-5796

Bayshore Rental  
240 N. Fehr Way  
Bay Shore, NY 11706

Beardslee Transmission  
680 Old Willets Path  
Hauppauge, NY 11788

Brian K. Tolley  
856 Birchwood  
Medford, NY 11763

Brooklyn Fan & Blower  
60-20 34th Avenue  
Brooklyn, NY 11214

Brothers II Bus. Machine  
200 McCormick Drive  
Bohemia, NY 11716-2906

Bruce Supply Corp.  
8805 18th Avenue  
Brooklyn, NY 11214

Bryan Flores  
50 Carver Blvd.  
Bellport, NY 11713

Bulldog Sheet Metal Corp.  
227 N. Fehr Way  
Bay Shore, NY 11706

Bulldog Sheetmetal Corp.  
227 N. Fehr Way  
Bay Shore, NY 11706

Business Card  
Bank of America  
PO Box 15796  
Wilmington, DE 19886-5796

CAB EAST, LLC  
PO Box 105704  
Atlanta, GA 30348

Caine & Weiner  
5805 Sepulveda Blvd.  
4th Floor  
Van Nuys, CA 91411

Cangro Industries  
495 Smith Street  
Farmingdale, NY 11735

Canon Financial Services  
PO Box 5008  
Mount Laurel, NJ 08054

Carrier Rental Systems  
80 Bomont Place  
Totowa, NJ 07512



Cascade Water Services  
113 Bloomingdale Road  
Hicksville, NY 11801

Cassone Leasing Inc.  
1950 Lakeland Avenue  
Ronkonkoma, NY 11779

Catholic Health Services  
St. Francis  
2200 Northern Blvd.  
Greenvale, NY 11548

Cathryn Byrnes  
1528 Pine Avenue  
Bohemia, NY 11716

Central Business Systems  
1219 Walt Whitman Rd.  
Melville, NY 11747

Ceschini CPAs  
Tax & Advisory PLLC  
54 North Country Road  
Miller Place, NY 11764

Chase  
PO Box 15123  
Wilmington, DE 19850-5123

ChemTreat  
5460 Cox Road  
Glen Allen, VA 23060

Chemworks Inc.  
31 George Street  
Newton, MA 02458

Chimney Design  
Solutions Inc.  
649 Lafayette Ave.  
Suite 3  
Hawthorne, NJ 07506

Christine Smith  
106 Jefferson Street  
East Islip, NY 11730

Christopher Brady  
53 Briarcliff Road  
Shoreham, NY 11786

Christopher Cedeno  
780 Hill Street  
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Citizens One Auto Finance  
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Computerease  
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Works Inc.  
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Devon Hannabass  
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Massapequa Park, NY 11762

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Difazio Power & Electric  
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Deer Park, NY 11729

Dolphin Equipment Corp.  
629 5th Avenue  
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Pelham, NY 10803

East Coast Filter  
Sales & Service  
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180 West 5th Street  
Bayonne, NJ 07002

Energy Plus NY  
831 Kent Avenue  
Brooklyn, NY 11205

Erlin Steel  
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Lindenhurst, NY 11757

Fairfield Maintenance  
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Fairfield, NJ 07004

Family Pipe  
Insulation Inc.  
25-20 100th Street  
East Elmhurst, NY 11369

Family Service  
1444 5th Avenue  
Bay Shore, NY 11706

Federal Express  
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Pittsburgh, PA 15250

Ferguson Enterprises  
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Boston, MA 02241-7592

Fleet Fueling  
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Carol Stream, IL 60197-6293

Forchelli Deegan Terrana  
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Uniondale, NY 11553

Forte Construction Inc.  
490 Wheeler Road  
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Hauppauge, NY 11788

G.A. Fleet Assoc. Inc.  
55 Calvert Street  
Harrison, NY 10528

Galaxie Coffee Service  
100 Sea Lane  
Farmingdale, NY 11735

Gemma's Automotive Svc.  
324 Uniondale Avenue  
Uniondale, NY 11553

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Jenkintown, PA 19046

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Plainview, NY 11803

General Sercurity-36401  
100 Fairchild Avenue  
Plainview, NY 11803

General Sercurity-452841  
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New York, NY 10011

Gilbar Industries Inc.  
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Chicago, IL 60675-1738

Gotham Pipe Supply LLC  
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Grainger, WW  
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Melville, NY 11747

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PO Box 9001030  
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Ironbound Supply Co.  
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MCN Rigging  
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Movers Inc.  
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Traffic Violations  
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Islip, NY 11751

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Fort Washington, PA 19034

Triweld Industries Inc.  
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Turtle & Hughes  
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United Parcel Service  
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Philadelphia, PA 19170-0001

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Fort Worth, TX 76106

United Service Workers  
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Jamaica, NY 11435

United Srv Worker  
Security Division  
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Jamaica, NY 11435

United Welfare Fund  
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Jamaica, NY 11435

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USW, JATF  
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Flanders, NJ 07836-9123

Verizon  
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Vertiv Corporation  
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Mobile, AL 36691-1300

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& Heating Contractors  
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York Unitary Products  
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Zisholtz & Zisholtz, LLP  
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Garden City, NY 11530

**United States Bankruptcy Court  
Eastern District of New York**

In re **Apollo H.V.A.C. Corporation**

Debtor(s)

Case No.

Chapter

**7**

**CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)**

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **Apollo H.V.A.C. Corporation** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [*Check if applicable*]

**October 10, 2019**

Date

**/s/ Michael J. Macco**

**Michael J. Macco**

Signature of Attorney or Litigant

Counsel for **Apollo H.V.A.C. Corporation**

**Macco Law Group, LLP**

**2950 Express Drive South**

**Suite 109**

**Islandia, NY 11749**

**631-549-7900 Fax:631-549-7845**

**UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF NEW YORK**

**STATEMENT PURSUANT TO LOCAL  
BANKRUPTCY RULE 1073-2(b)**

**DEBTOR(S):** Apollo H.V.A.C. Corporation

**CASE NO.:** \_\_\_\_\_

Pursuant to Local Bankruptcy Rule 1073-2(b), the debtor (*or any other petitioner*) hereby makes the following disclosure concerning Related Cases, to the petitioner's best knowledge, information and belief:

[NOTE: Cases shall be deemed "Related Cases" for purposes of E.D.N.Y. LBR 1073-1 and E.D.N.Y. LBR 1073-2 if the earlier case was pending at any time within eight years before the filing of the new petition, and the debtors in such cases: (i) are the same; (ii) are spouses or ex-spouses; (iii) are affiliates, as defined in 11 U.S.C. § 101(2); (iv) are general partners in the same partnership; (v) are a partnership and one or more of its general partners; (vi) are partnerships which share one or more common general partners; or (vii) have, or within 180 days of the commencement of either of the Related Cases had, an interest in property that was or is included in the property of another estate under 11 U.S.C. § 541(a).]

☒ NO RELATED CASE IS PENDING OR HAS BEEN PENDING AT ANY TIME.

☐ THE FOLLOWING RELATED CASE(S) IS PENDING OR HAS BEEN PENDING:

1. CASE NO.: \_\_\_\_\_ JUDGE: \_\_\_\_\_ DISTRICT/DIVISION: \_\_\_\_\_

CASE STILL PENDING (Y/N): \_\_\_\_\_ [If closed] Date of closing: \_\_\_\_\_

CURRENT STATUS OF RELATED CASE: \_\_\_\_\_  
(Discharged/awaiting discharge, confirmed, dismissed, etc.)

MANNER IN WHICH CASES ARE RELATED (*Refer to NOTE above*): \_\_\_\_\_

REAL PROPERTY LISTED IN DEBTOR'S SCHEDULE "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN SCHEDULE "A" OF RELATED CASE: \_\_\_\_\_

2. CASE NO.: \_\_\_\_\_ JUDGE: \_\_\_\_\_ DISTRICT/DIVISION: \_\_\_\_\_

CASE STILL PENDING (Y/N): \_\_\_\_\_ [If closed] Date of closing: \_\_\_\_\_

CURRENT STATUS OF RELATED CASE: \_\_\_\_\_  
(Discharged/awaiting discharge, confirmed, dismissed, etc.)

MANNER IN WHICH CASES ARE RELATED (*Refer to NOTE above*): \_\_\_\_\_

REAL PROPERTY LISTED IN DEBTOR'S SCHEDULE "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN SCHEDULE "A" OF RELATED CASE: \_\_\_\_\_

3. CASE NO.: \_\_\_\_\_ JUDGE: \_\_\_\_\_ DISTRICT/DIVISION: \_\_\_\_\_

CASE STILL PENDING (Y/N): \_\_\_\_\_ [If closed] Date of closing: \_\_\_\_\_

(OVER)



## DISCLOSURE OF RELATED CASES (cont'd)

CURRENT STATUS OF RELATED CASE: \_\_\_\_\_  
(Discharged/awaiting discharge, confirmed, dismissed, etc.)

MANNER IN WHICH CASES ARE RELATED (*Refer to NOTE above*): \_\_\_\_\_

REAL PROPERTY LISTED IN DEBTOR'S SCHEDULE "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN SCHEDULE "A" OF RELATED CASE: \_\_\_\_\_

*NOTE:* Pursuant to 11 U.S.C. § 109(g), certain individuals who have had prior cases dismissed within the preceding 180 days may not be eligible to be debtors. Such an individual will be required to file a statement in support of his/her eligibility to file.

## TO BE COMPLETED BY DEBTOR/PETITIONER'S ATTORNEY, AS APPLICABLE:

I am admitted to practice in the Eastern District of New York (Y/N): Y

## CERTIFICATION (to be signed by pro se debtor/petitioner or debtor/petitioner's attorney, as applicable):

I certify under penalty of perjury that the within bankruptcy case is not related to any case now pending or pending at any time, except as indicated elsewhere on this form.

/s/ Michael J. Macco

**Michael J. Macco**

Signature of Debtor's Attorney

**Macco Law Group, LLP**

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**Islandia, NY 11749**

**631-549-7900 Fax:631-549-7845**

\_\_\_\_\_  
Signature of Pro Se Debtor/Petitioner

\_\_\_\_\_  
Signature of Pro Se Joint Debtor/Petitioner

\_\_\_\_\_  
Mailing Address of Debtor/Petitioner

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Area Code and Telephone Number

Failure to fully and truthfully provide all information required by the E.D.N.Y. LBR 1073-2 Statement may subject the debtor or any other petitioner and their attorney to appropriate sanctions, including without limitation conversion, the appointment of a trustee or the dismissal of the case with prejudice.

**NOTE:** Any change in address must be reported to the Court immediately IN WRITING. Dismissal of your petition may otherwise result.